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ABSTRACT

Constant, unpredictable change is a condition of daily life for children of migrant workers; this factor affects much of the care that should be given them. Predictability in the child's daily experience with the same basic routines, toys, bed, and caretakers helps stabilize his world and allows him to build up experiences and make sense of them. A day care center of migrant children must deal with situations not usually encountered in conventional child care facilities. Comprised of 15 units, this document provides guidelines for the care of children 30 months of age or younger, focusing on the specific needs of migrant families and the migrant day care situation. The 15 units discuss the care involved in fulfilling both the physical and emotional needs of the child, characteristics of the children and their families, staff considerations, and physical setup of the school itself: the program's focus; the children and their families--living conditions, relations with families, infants and toddlers, selected developmental landmarks during a child's first two years; staff--training, recruitment, ethnic and cultural background, morale, insurance coverage, and assessment; physical space and equipment for babies; play and learning as natural experiences; normal development and individual differences; social play (adult and baby together); interaction of babies with babies; a toddler program; crying and the relief of distress; feeding; nap time; diapering and toilet training; health and safety; and transportation. (DS)

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Guidelines for Migrant Infant and Toddler Day Care Programs

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and Family Studies

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Acknowledgments

These guidelines are the results of observations of and participation in migrant day care programs for infants and toddlers. For providing us with first-hand experience, the authors gratefully acknowledge the help of the staff members of the Ridge Parent-Child Development Center in Sodus, New York, and the Children's Center in Valatie, New York.

We are grateful to Bertha Campbell and Henry Ricciuti for their helpful suggestions in developing this material, and to Daisy Wallace for careful typing under pressure. Peter Birckmayer was patient and provided invaluable help and support in a variety of ways--transportation, child care, and food and drink.

Migrant Child Care Program in New York State

Who is Eligible for Migrant Child Care?

To be eligible for care in a migrant day care center in New York State, a child must be between the ages of six weeks and 14 years and come from parents whose income falls within Department of Social Services poverty guidelines, and who are seasonally employed in food harvesting or processing.

Location of Migrant Workers in New York State

Although the 1974 Migrant Census indicates that there may be young migrant children not served by existing migrant child care centers, in general the location of the centers indicates geographic concentrations of migrant labor. The lower and mid-Hudson Valley regions are an area of major migrant worker concentration. Workers harvest onions, celery, beans and other "stoop labor" crops, as well as apples, pears, and cherries in this region. Migrant children are also as far north as Saratoga County; the pattern then swings sharply west across the State to the highest area of concentration in Wayne County and the surrounding counties. In-stream migrants, people who literally move from harvest to harvest, in the past have been primarily southern Blacks or Spanish-speaking Puerto Rican families. The French Canadian Indians who migrate down from Canada each year to skin mink in the mid-western region of the State are an interesting exception. Increasingly, off-shore contract laborers from Jamaica seem to be replacing the traditional migrant family groups.

It is obvious that many cultural backgrounds are represented by children in the day care centers, and this variety will require sensitive and

flexible responses from care providers. As they recruit staff for the centers, advisory committees should be aware of the language spoken by the children, ethnic food preferences, child rearing values and other cultural patterns.

State Agencies Responsible for Migrant Day Care

In New York State, day care programs for migrant children are the responsibility of the Department of Agriculture and Markets. The migrant child care supervisor can be contacted at:

Migrant Child Care Program
New York State Department of Agriculture
Income Tax Building
State Office Campus
Albany, New York 12226

All group programs for young children must meet standards set by the New York State Department of Social Services. A copy of the department's rules and regulations can be obtained by writing:

Day Care Supervisor
New York State Department of Social Services
1450 Western Avenue
Albany, New York 12203

Finally, the Bureau of Migrant Education, New York State Education Department is anxious to ensure that young migrant children are enrolled in programs of the highest possible quality. Special funds from this Bureau are channelled through the Department of Agriculture and Markets to migrant child care centers. Information about these funds can be obtained from:

Mr. Richard Bove, Chief
Bureau of Migrant Education
New York State Education Department
Albany, New York 12224

The responsibility and role of the local advisory committee is a critical issue that must be confronted in each center. Every advisory committee

member and each center director should be thoroughly familiar with the roles, contributions and requirements of each of these state departments.

In many New York State counties, Cooperative Extension agents can provide consultation, training and technical assistance. All Cooperative Extension agents can ask the authors for information and assistance in problems relating to migrant child care.

Introduction

The following set of materials is addressed to those people who are responsible for setting up and operating day care programs for young migrant children. Although much of the information in this manual applies to a quality care program for children of any age, the guidelines are focused specifically on children approximately thirty months of age and younger. We have tried to offer material and information relevant to the specific needs of migrant families and the migrant day care situation; this is sometimes in the form of supplements to or commentary on some more generally valuable discussions. Some of the material in these guidelines was taken from A Good Beginning for Babies, by Anne Willis and Henry Ricciuti (Ithaca: New York State College of Human Ecology, 1974). We have not attempted to duplicate information contained in other publications relating to child care. Many of these are listed in the back of this manual.

Establishing family day care homes in the local community seems to us to be an attractive alternative form of care for small groups of migrant children, particularly if the day care mothers received training and supervision. For the purposes of these guidelines, however, we have examined group settings for day care because that is the kind of care available to migrant children in New York State.

We realize that each program will be unique, and that these guidelines will necessarily have to be adapted to match the needs, restrictions, and opportunities in each setting.

Few day care center directors have the time or leisure to study a document of this length. There is a vast amount of information necessary

for operating a quality day care program for migrant children, and different program directors will want help in different areas. The manual can be used selectively, that is, some parts will be more useful than others for actually beginning a program.

Also, we recognize the tension between what can be loosely termed realism and idealism about day care programs for migrant infants and toddlers. The life style of migrants in many ways imposes limitations on programs. Though difficult, it is necessary for professionals to compromise in some areas, to accept some facts of migrant life as conditions with which programs must deal. Where possible, we have included the ideal way of doing things and the more realistically possible alternative. In every case, Department of Social Services rules and regulations must be met by programs.

We recognize that the kind of care we are advocating will be expensive, averaging more than fifty dollars per child per week. This kind of investment requires a commitment of money, interest and hard work by State agencies and local communities. This investment is justified because the quality of early experience is of utmost importance in healthy human development.

> "To my eye migrant children begin a migrant life very, very early. By and large, they are allowed rather free rein as soon as they can begin to crawl. Even before that they do not usually have cribs, and often enough they lack clothes and usually toys of any sort. Put differently, right off the migrant child learns that he has no particular possessions of his own, no place that is his to use for rest and sleep, no objects that are his to look at and touch and move about and come to recognize as familiar. (He does not find out that his feet get covered with socks, his body with diapers and shirts and pants.) He does not find out that there is music in the air, from mysterious boxes, nor does he wake up to find bears and bunnies at hand to touch and fondle. In sum he does not get a sense of <u>his</u> space, <u>his</u> things, or a rhythm that is <u>his</u>. He

sleeps with his mother at first, then in a few months with his brothers and sisters. Sometimes he sleeps on a bed, sometimes on the floor, sometimes on the back seat of a car, or on the floor of a truck, and sometimes on the ground."*

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* Coles, Robert, Uprooted Children, New York: Harper and Row, 1970, p. 8. The authors have included several selections from Uprooted Children in order to convey the special flavor of migrant life as it is described so beautifully by Dr. Coles. The reader is requested to read these excerpts not only to gain information but also to become sensitive to the particular needs of migrant children.

Chapter 1

Focus: The Program

This manual examines seven points that should be the backbone of any quality program for children of any age:

*1) A prime concern of any program designated to foster human development is to do everything possible to create and sustain an intact, healthy and well-nourished child.

*2) In view of the critical role of parents in the child's total development, an effective day care program must create every opportunity for enhancing the amount and quality of family interaction with children both in the day care setting and at home.

*3) Helping the child feel good about himself is far more important than teaching him any number of specific skills.

*4) Programs must be built around the individual children that they serve. Begin with each child <u>where he is</u>. Take time to get to know him well.

5) Good feelings among staff members are a necessary ingredient for providing a good experience for young children.

6) Children are eager to learn, to please, to grow if they are given love, help, and adults to learn from.

7) A day care program can provide health services that will have a lasting effect on children's welfare.

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* Office of Child Development, Department of Health, Education and Welfare, <u>Day Care 1: A Statement of Principles</u>. 1971. Department of Health, Education and Welfare Pub. No. 72-10.

Principles for an Educational Program for Very Young Migrant Children

Twelve principles form the core of what we regard as a good experience for young children.[1] This manual elaborates and makes these principles concrete. Because they are closely interrelated, the principles cannot be ranked in importance. Each principle must be considered only in the broader context of the whole set of principles; each is balanced and complemented by the others.

1. Caregiving practices should be tailored to the characteristics of each child. Each child in a group is unique and must be cared for in an appropriately unique way. The orientation of a group program should be to make the program fit the children rather than the children fit the program. The program should foster caregivers' getting to know each child, being aware of differences and responding appropriately to them. The caregiver's orientation must not be based only upon an understanding of normal development, but should consider the characteristics, culture and living situation of each child for whom she is responsible.[2] While the developmental goals for each child in a group will be similar, the ways of achieving them will vary with each child's needs and characteristics.

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[1] Principles are taken from A Good Beginning for Babies, cited previously.

[2] For convenience, caregivers are referred to with feminine pronouns throughout the manual. It is hoped and recommended that males be included as caregivers and in other roles in programs whenever possible. Similarly, children are referred to with masculine pronouns for convenience. The authors hope that this dilemma will be resolved soon by the invention of a new non-discriminatory pronoun.

2. There should be continuity in the people providing care for children. If caregivers and children are to get to know each other, a small number of different people should be involved regularly in caring for children. Individualizing care is very difficult if not impossible when this is not the case. Moreover, a relationship of trust and attachment can be established only if contact with the same caregiver is frequent and regular, and if there is predictability in the caregiving arrangement. A close relationship with a caregiver can help a child to develop a more general sense of trust in people. In a group care setting, it is usually not possible for the child to have literally only one caregiver, but there should be a small number of caregivers and changes in personnel should be kept to a minimum. Migrant children have a particular need for this personnel continuity because there is so little permanence in other aspects of their lives.

3. Children should be cared for in a warm, affectionate way that lets them know they are special. Pleasurable experiences shared with caregivers will foster the development of positive relationships. Each child should have some time each day to be alone with the caregiver. What they do together is not nearly as important as how they do it. Treating children as people who are important, who can bring pleasure to others, helps to develop a positive sense of self. In short, a good caregiver will show respect for a child as an individual with needs, preferences and moods. She will respond appropriately to social overtures and indications of need, and will give the child the opportunity to initiate pleasurable social interactions.

4. There should be a balance of consistency or sameness, as well as variety in both the caregiving practices and the physical environment.

Consistency alone is neither good nor bad. What is important is consistency in warm, responsive, individualized care. Only if needs are met in somewhat the same way by the same people each day can a child learn that the caregiver can be trusted. Consistency on the caregiver's part must be balanced by sensitivity to changes in the child and flexibility that allows for changes in her responses.

Consistency in the physical environment implies that children learn from sameness as well as from variability. Stability and order in a child's daily world allow him to build up experiences and to make sense of them. Again, it seems especially important that young migrant children who live with so much disruption and discontinuity, have, even for a brief period, predictability in their daily experience. Having the same toys, the same cot, the same basic routines each day gives a child the opportunity for mastery, for building new competencies on ones already established.

On the other hand, daily experiences should involve new challenges as well as the chance to use skills already mastered; both are important for learning. The environment should offer enough variety to foster exploration and curiosity, to maintain a child's interest and pleasurable involvement.

5. <u>The social and physical environment in which a child spends much of his time should be sufficiently responsive to the child's actions that he learns that he can exercise some control over it</u>. If the world is to begin to make sense to a child, it is important that the child's actions produce some kind of change in that world. In setting up experiences, caregivers must think about children's capabilities and how to provide them with opportunities to have an effect, to do something interesting to the world instead of always being done to and for. Children should be cared for

in a way that helps them to learn that they can have an effect on other people, that overtures on their part will usually lead to predictable responses. Responsive caregiving applies to every aspect of care from providing toys geared to each child's developmental level and capabilities, to providing food when a child signals that he or she is hungry, to responding with a smile and talking when a child smiles and talks. The appropriateness of the response is as important as its dependence on the child's behavior. While a child's environment should be responsive, it should also provide opportunities to experience that which is surprising or unpredictable. Changes may be frightening to some children, and caregivers should offer comfort and reassurance to them. The caregiver's goal is to create a social and physical environment where a child feels comfortable and learns that he or she can have an effect. Clearly, however, part of the process of developing adaptive human behavior involves the ability to respond to changes or to unexpected events without becoming unduly disturbed. Striking a balance between an environment that is comfortable but not monotonous is one of the greatest challenges to good caregivers. It is important to develop in migrant children the ability to affect change in their environment.

6. <u>Every experience is a learning experience, and children should be cared for in a way that optimizes opportunities for learning and social interaction in daily routine activities</u>. Children learn attitudes and feelings about people as well as facts about the world and ways of solving problems from the way they are cared for. In short, both social and cognitive learning skills can result from daily routines where a child is encouraged to initiate interactions as well as to be responsive to people and things in the environment.

This principle is at the core of the approach in this manual. The curriculum is viewed not as something that happens only between feeding, diapering, and naptime, but during them as well. A good program teaches caregivers to use the natural environment and play of children. Routine activities occupy a large part of a child's day. Caregivers should use these activities as a time for being together, talking, learning, rather than as chores to be done as quickly as possible. Too, in the course of these daily activities, children can gain experience in appropriately inhibiting and controlling their own behavior.

7. Children need protection from overstimulation and disorder. It is difficult to define how much stimulation is overstimulation. If children have too many things to play with, touch, listen to and look at, they may be overwhelmed; they may not learn as effectively as with a proper balance of sameness and variability. Children need the opportunity and time to think about and master new information; this cannot be done with a constant bombardment of new experiences. In a group care situation there will be a lot going on most of the time. Although it is important not to be overprotective, some children who are very responsive to what is going on will need more protection than others. The caregiver, by being aware of the atmosphere and staying calm, quiet and gentle in her caregiving during even the busiest times, can influence the atmosphere of the nursery.

8. Children should be kept from experiencing unduly severe or prolonged distress. Caregivers must be sensitive to distress and its significance as an indicator of need. They must be capable of helping children cope with distress. Very young children may need help in quieting themselves; all children need help and warm support in learning to manage distress.

Adults responding to distress promptly and appropriately will help a child to learn ways other than crying to communicate. Though this means that a child should not be allowed to cry for a very long time or until he or she has great difficulty in regaining control, it does not mean that a child's distress should always immediately lead to getting what he or she wants.

9. Very early in life, children can begin to develop the attitude that learning is pleasurable. Caregivers can foster this by their own enjoyment of caregiving and by exercising their capacity to show pleasure in learning. They should be aware of what is pleasurable to the child and encourage childrens' reactions. It is important for caregivers to believe and to communicate to parents that if learning is a pleasurable experience, more learning and exploration will take place. Also, learning to learn with pleasure involves a special kind of social interaction with the caregiver.

10. Children enjoy and learn a great deal from interacting with other children. A quality day care program gives children the opportunity to interact pleasurably with each other. For babies who are not yet mobile, this means frequently placing them near one another. At the same time, infants and toddlers must be protected from each other as they begin to learn appropriate ways of interacting. Caregivers must have great patience when caring for young children who are just beginning to learn some self-control and who have little or no understanding of sharing.

Babies and older children also need opportunities to be alone. Spending all of their time as part of a group might encourage an excessive dependence on others for entertainment and help. Migrant children may have their first experience with being alone at the day care center. Caregivers should be careful to ensure that this is a pleasant new experience.

11. In order to do a good job, caregivers need to enjoy their role. Enjoying children is not sufficient -- caregivers must also be able to work with each other and to communicate effectively. They also need appropriate relief time from caregiving. No one should be expected to do a good job as a caregiver for eight hours a day. The most important component of a successful program is that the overall atmosphere is a warm, child-oriented one. This quality is difficult to teach; rather, it comes as a by-product of competent, caring people who love children and are happy in their work setting. Ensuring that caregivers continue to feel a sense of self-worth, competence and enjoyment in their roles is one of the concerns of any program.

12. In a good day care program, there is consistency between day care and home caregiving practices. Consistency of care within the day care setting, itself, has been discussed. Moreover, caregivers must respect the parents' right to make decisions about the care of their child and then follow the parents' practices. Arrangements should be made to assure that parents and caregivers can talk with each other about a child. Caregivers need to know how a child is cared for at home -- for instance, the usual procedure before naptime, what foods he or she eats. The caregiver can then care for the child in much the same way as at home. Communication between parents and staff will make the job of caregiving easier and more pleasant; most important, it will lead to a more sensible, enjoyable experience for the child. Parents should be given the opportunity, as feasible, to participate in caring for their child in the day care program. Encouraging parents to visit their child in the program may lead to their participation. They should know that they influence the care of their child in the program. The staff can play a very important role in giving support as well as information.

Rainy days can be times when it is easy for migrant parents to participate in life at the center (particularly if staff can provide help with transportation). Extras such as an available iron and ironing board, a comfortable place to sit, a full coffee pot and some magazines can communicate to parents that the center welcomes them not only as parents but as people with personal needs.

Group Size

Eight to ten infants and toddlers is the maximum number a caregiving staff can get to know well. Ten children will require three caregivers. In a small group the children get to know each other more easily. A group larger than ten should be subdivided into smaller, self-contained groups.

Assigning Caregivers to Children

Having caregivers assign themselves primary responsibility for several children serves many purposes. At the beginning of a program, it allows each caregiver to concentrate on getting to know a few children rather than the entire group. This arrangement not only helps her become an expert on a few children, but it also helps each child adapt to the new situation. A child learns to expect certain kinds of responses and gets used to a new style of caregiving. In short, the child learns to make sense of the world more easily when it is predictable and consistent. Getting to know one new caregiver at a time is easier than getting used to two or three at once. The arrangement must, of course, be flexible. Getting to know and trust all the caregivers is important for the child, too, because his or her caregiver will not be accessible all the time, and because all the caregivers will eventually care for all the children. If a child needs to be rocked, for example, whoever is free should rock that child. When there is a choice,

however, especially when a child is new to the program, the child should be cared for by his or her own caregiver. Long after all the children are comfortable with all the caregivers, and after each caregiver knows all the children well, a caregiver's feeling of being the authority on a child, of being the person in the program who knows the child best and to whom he or she belongs, seems to last. And some children do continue to show a preference for their principal caregiver.

Caregivers themselves should decide to which children they are assigned. The decision should be based on compatability with a child and with a child's parents; ease or difficulty in caring for a child should also be considered. If there are several children who demand a lot of caregiving time, they should be assigned to different caregivers.

The development of a special relationship between caregiver and child is stressed throughout this manual. Caregivers must remain aware of two issues related to this: the possibility of over-attachment, and the focusing of attention on favorite children. Certain children and caregivers will be attracted to each other because of compatability of personalities and styles. Every caregiver has a unique style and pace of interacting, and children may have preferences. Some children react more positively to a vigorous intense style with a lot of movement and talking, for instance, while others prefer a quieter, more casual, gentler kind of handling. Caregivers should accept objectively the fact that some children will react more favorably to them than others.

Caregivers become very attached to children and may take great pleasure when certain children show preferential affection for them. The caregiver must be aware at all times of a child's best interests and healthy development. It would not be adaptive for a child to become so attached to or dependent on a single staff member that he or she could not be happy apart

from her. The goals to be worked for are self-reliance and a generalized trust that comes from a relationship with a few trusted people.

Certain children are at times more attractive than others and it is inevitable that caregivers will have "favorites". Luckily, different adults are attracted to different children; and, children change over time, so that a child who is especially responsive and appealing now may be less so in a few weeks. Some children are generally more active, outgoing, and responsive than others, however, and they can soon become the obvious "stars" in a group. The best way to cope with the inevitability of "favorites" is to be aware of it and work against it by trying harder to find special qualities in quieter, less responsive children.

Finally, there may be children who are not especially appealing to the caregivers. These are likely to be the children who need special attention and care. A cooperative effort must be made by the staff to find positive qualities in these children and ensure that they receive the care they need.

Unique Features of Migrant Programs

Many publications are available on planning and operating a good child development program, but few, if any, focus on the problems of migrant child care in a user state.* We are convinced that the conditions under which migrants live, work and raise their children are frequently appalling and often tragic. Optimal child care for migrant children is often impossible to provide. The conditions which render it impossible run counter to human needs for health, dignity and a sense of place which would enable these uprooted children to have a healthy, happy start in life.

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* The term "user" refers to those states which use migrant labor to harvest seasonal agricultural crops as opposed to home base states to which migrating workers return when northern harvests are over.

We have identified five differences between establishing a day care center for children of permanent residents and one for migrating children. We believe these differences, following, are critical in planning a migrant children's day care program.

1. No other program for children is as subject to changes in weather conditions. Opening and closing dates of centers, peak attendance, opportunities to involve parents in daily classroom activities are all influenced by the weather. An unseasonable cold spell just before a center's spring opening date, or before chilly weather is expected in the fall, can leave migrant child care centers with many staff members and few children. On the other hand, favorable weather may make centers understaffed and overcrowded.

2. Migration is another major difference. Unlike most pre-school children who come from familiar neighborhoods and usually from familiar groups of people, migrant children come to the center from a camp where many people they have not known before live. The only constant factor in their lives may be constant change. If we want to know about children in relation to their homes, histories, and habits, the migrant factor requires a personal adjustment in order to accept children arriving like bolts from the blue and, on the basis of fractional information, to provide care for them.

3. Typically, a migrant child's stay in one center ranges from one day to several months. Occasionally, staff members in centers to which the same children return year after year get to know the families, correspond with them during the winter, and can plan

a developmental program for the children. More often, however, staff must work on a day-to-day basis, never quite knowing how many children there will be in attendance at the center on a particular day. As one caregiver remarked, "Migrant day care makes you become more flexible than you ever wanted to be." Most migrant caregivers have experienced the shock of having a child, to whom they may have become deeply attached, suddenly "move on" with his family, with no indication of where they are going or whether the child will ever return.

The rapid turnover in a migrant day care center can be demoralizing. Caregivers know they may lose contact with children just as feelings of respect or attachment begin to develop. The conviction that the quality of life, as it is each day, must be the best that human beings can provide should be one of the fundamental attitudes in a center.

4. Care of sick children may differ in migrant child care centers from practices observed in year-round centers. (This topic is discussed further in Chapter 14: Health and Safety.)

5. The fifth difference between seasonal and year-round day care is in the area of parent involvement. (This topic is discussed further in Chapter 2: Focus: The Children and Their Families.)

"So we keep going, yes sir, we do. I try to keep every one in good shape, the best I can. I tell them that it'll be nice, where we're going to, and there will be a lot to see on the road, and there's no telling what kind of harvest there will be, but we might make a lot of money if there's a real good one."

Migrant Mother[1]

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[1] Coles, R. Uprooted Children. New York: Harper and Row, 1970., p. 22.

Focus: The Children and Their Families

The development of migrant children is strongly influenced by the life style of their families. It is critical that day care center staff understand and appreciate the conditions in which migrants live if they are to work effectively with them. This chapter begins with a brief description of migrants' living conditions, followed by a discussion of the center's relations with families. The following discussion provides a context for looking more closely at the characteristics of migrant children under the age of thirty months.

Living Conditions for Migrants

Observers of family life point out that the extent to which low income parents are able to encourage healthy exploratory behavior in their children may be limited by conditions in most low income housing. There is rarely an indoor area that can possibly contain vigorous, large muscle activity and low income parents are often too burdened by the problems of daily family maintenance to take their toddlers outside to play. Toddlers may be the age group most penalized by poor housing conditions. At a time in their development when they need freedom to explore, examine, experiment and perhaps above all, to move, toddlers in low income families find that their efforts to meet their own needs are not rewarded and may be severely punished.

Conscientious parents act first to keep their children safe and to provide food for them. Often, the physical conditions of low income housing, such as unsafe electrical wiring, faulty plumbing, splintery floors, unprotected heating units, stairs and windows, insufficient storage so that household cleansers and medications cannot be locked away make even the

the protection of a young child from danger a most difficult task. Conditions are even worse in many migrant camps where it is not unusual, although against health codes, for an entire family to eat, sleep and spend all their waking time together in one room. Life between these single rooms is a series of grueling trips by car or bus to cover the most ground in the shortest possible amount of time.

People who have had no contact with young migrant children are often surprised that so many of them fall asleep as soon as the vehicle in which they are riding is in motion. Sleeping may be the behavior most acceptable to their parents on the long journey between North and South, and the children, therefore, may have trained themselves to sleep in motor vehicles. Similarly, in camp the behavior most tolerable to parents may be for children to remain quiet and passive -- keeping out of trouble and thus winning approval and avoiding punishment.

It is important for caregivers of migrant children to know the kinds of behavior parents expect or value and to avoid suggesting home activities impossible for the children in the physical space where they live. Most migrant parents understand and appreciate the space and freedom of activity children enjoy at the center. It does not seem to create dissonance for the child or his parents that active, noisy, exploratory behavior is encouraged at the center but may be unsafe and therefore punished in the camp.

Relations with Families

A good child care program supplements family life but does not supplant it. The program should focus on families, not on taking children away from their families and the family setting. Before caregivers in

a program can be effective in giving support or information, they must first respect parents as the people who know a child best. This is difficult in some cases; the parents may appear to lack interest in their child. But it is difficult to work effectively with parents if the caregiver believes that she knows more about the child and can make better decisions than the parent. The most effective way to make a difference in the lives of migrant children is to increase their parents' competence and confidence about child-rearing.

A major factor in establishing programs for migrant children, in contrast to establishing programs for children who are living permanently in a community, is the very fact of migration. Unlike resident pre-school children who can be visited at home previous to center entrance, who come from familiar locations in familiar neighborhoods, and who usually come from a familiar group of people, the young migrant child and his parents live in an isolation unique in American society. Typically, a migrant family or crew arrives at camp late in the afternoon or early in the evening. Some camps are clean, decent places, but many are little more than dirty, run-down shacks, and all of them are away from the mainstream of community life, in fields or orchards where they can be invisible and forgotten. Adults who arrive in camp one day are generally expected to report for work the following morning. Indeed, many families arrive desperate for immediate work to get money for food. It is not uncommon for the morning bus aide to discover that overnight a camp has added several pre-schoolers. Their parents expect them to ride the bus to a day care center where almost everything is unknown; there has been no previous contact with the children -- not even notification of their arrival. If there are other children in

the camp who already attend the center they might introduce the aide to the new child by saying, "This is Johnny. He got here last night," pushing Johnny ahead of them onto the bus. Sometimes mothers, especially those with young babies, hand their child to the aide, saying something like, "Here's James, here's his bottle; he's got a little cold so he shouldn't go outside." Traditional day care specialists may throw up their hands in horror, but the bus aide has little time to collect more information. The job at hand is to care for the new child as carefully and lovingly as possible, thus persuading the parents the center is trustworthy and reliable.

Separation problems for migrant mothers and children are not often observed. Some migrant youngsters cry as they are transported away from their parents, but the crying rarely persists for long and many children do not cry at all, apparently accepting constant unpredictable change as a condition of daily life.

It is essential that all adults who participate in the center have a professional attitude toward all families involved in the program. Information about children and their parents must be treated as <u>absolutely</u> confidential. Gossip or speculation about a child has no place anywhere in the child development program, either at the center or away from it.

Parents may ask about the center's policy regarding bottles, pacifiers, or security blankets. The role of the center is to supplement and strengthen the parent's feelings of responsibility for their children. The center's policy should reflect its respect for parents as the primary decision makers in the lives of their children. If, after careful observation, staff members agree that a child is ready, with a little help, to give up a pacifier or blanket, or to be toilet trained, a staff member should talk with the parents. If a parent allows her child to drag a security blanket

around all day, it is not the responsibility of the center to wean the child from the blanket, but rather, to work with the parent so that home and center recognize together the point at which the child indicates lagging interest in his blanket and can perhaps begin to keep it in the locker. It may be necessary too, for the center staff to point out to parents that there is nothing wrong with security symbols. For example, a two-year-old who cannot ever let go of the blanket long enough to paint a picture or play with a toy, may need additional time before feeling secure without it. Of course, eventually the hope is that he will be able to first put it down for a short time and maybe eventually allow it to be stored in his locker where it is available to him at times of special stress or at naptime.

The entire staff should consistently work to inform the parents about the center's program, particularly explaining the reasons for certain kinds of activities and materials. After they have been convinced of the fact that such activities may indeed contribute to the healthy development of their children, many parents need very little help in planning interesting activities for their children. Some parents, however, project an attitude of hostility or indifference; they seem glad to get rid of the child in the morning and disinterested when he or she returns at night. It is particularly important for these apparently disinterested parents to hear a lot of "good news" about their child from the staff. They can then begin to see the child as a person about whom the center finds much to admire. There are few more rewarding events in the life of a staff member than the elicitation of a smile and a nod from a previously expressionless or hostile parent when she hears that "Manuela painted a picture in school and we hung it on the wall".

Adults who follow the crops do so out of economic necessity. They try to make as much money as quickly as they can in order to build up reserves against times in the year when there is no work. During harvest season they often work from sun-up to sundown, including weekends. Their time for interest in the community may be limited to grocery stores and laundromats, the day care centers and perhaps for some, the churches.

The parent involvement component in centers for permanent residents in the community is designed to nurture the ability of parents to make informed decisions about their children and themselves, and then to enable parents to become active participants in translating the decisions they have made into action related to education, values, community programs and all the other areas of healthy human development. This is, of course, an enormous and difficult objective requiring sufficient time and exhaustive staff efforts to allow parents and other family members[1] who provide care for children to engage in the process of becoming aware of their own critical importance in the lives of those children. Before family members even begin this process they must have a clearly established feeling of their own validity and worth as people apart from their children. Few of us enjoy feeling welcomed in a group only because of a particular role we play. If a group is important to us most of us want to be part of it because of the total person we are. It may be all right to be "Janie Smith's mother" if all you have to do as a member of a group is to sign a permission slip for Janie to go on field trips. But if being a member of that group is designed to increase your awareness of yourself as a competent person so you feel able to take action on behalf of yourself

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[1] Migrant children often are cared for by older brothers and sisters or other relatives.

and your child, you must feel accepted and welcomed by the group totally and from the beginning your opinions and values must receive genuine respect.

It may be that the best introductory sessions to participating in a group are simple social occasions in which family members have time to relax together over refreshments, getting to know each other and the staff and beginning to build relationships of trust and friendship. Gradually the group may begin to identify topics or projects of mutual interest, perhaps turning to staff or help in identifying resources which may be of help to them. In short-term programs, such as summer Head Start or migrant day care, parent involvement as a group process may never go beyond this initial level. Staff can, however, concentrate efforts on helping parents to identify their strengths as parents of their own children. Taking care not to add to the burden parents carry already staff from the day care center can:

1) exchange information about the health, nutrition, and development of the child

2) ask them for help in determining a program most appropriate for the needs of this child

3) make mutual decisions with parents about security toys, blankets, bottles, feeding, toilet training and sleeping.

Finally, although it is impossible for parents who follow the crops to participate on the year-round advisory board of the center because they are not in the community during winter months, parents most certainly should be invited to attend meetings of the advisory board during the harvest season. In addition, parents who may be residents of the community but have first-hand experience with migrant life should be

involved in all phases of planning and program development. It is to be hoped that families who are in the North to harvest crops during the summer find the strength, interest and opportunity to play an active role in community life during the winter in their home states. If this is not possible, it appears that a migratory lifestyle effectively excludes those who adopt or inherit it from participation in community decisions of relevance to them and their families.

Infants and Toddlers

In these guidelines, we are using the word "infants" to apply to children 12 months and younger; the word "toddlers" applies to children 18-30 months old. The period between 12 and 18 months is an in-between time in a child's development and appropriate planning of experiences for this age should reflect staff observations of individual needs.

But rigid delineations of when infancy stops and toddlerhood begins are artificial and unnecessary. Development is not a smooth, even, and completely predictable process. In most migrant day care centers, children under the age of three are usually assigned to either an infant or a toddler group. Opinions differ about who should be called an infant, and when an infant becomes a toddler. The simplest, most literal description of a toddler is a child who most of the time attempts to walk rather than crawl. Such a simplistic definition, however, is not an adequate basis for deciding about an appropriate group placement for a particular child.

Staff members have to be sensitive to cues an old baby (a child over 12 months in age) gives to indicate whether he or she feels more comfortable spending most or all of the time in the baby room or in the toddler program.

In this manual we do not discuss special settings for "old babies" or "young toddlers" -- those children between about 12 and 18 months.

If a center has a large group of children who are in this age group, we suggest that staff members use the sections on infants and toddlers to achieve an appropriate environment and program. A simplified version of the toddler rooms diagrammed in the chapter "A Program for Toddlers" may be useful, but the children may be more comfortable eating in feeding chairs and sleeping in cribs rather than using tables, chairs and cots. The same principles of individualized caregiving apply to all children, regardless of age.

Occasionally a 17-month old child might feel more secure in the infant room while a rapidly moving, curious 13-month old child may need the stimulation and space of the toddler group. Decisions about initial placement should be made carefully and transitions from one group to another should be gradual to allow a child to begin to trust the new adult who will care for him or her after being moved.

Outline of Selected Developmental Landmarks During the First Two Years

The first thirty-six months of life are a time of dramatic and rapid change. In addition to the developmental changes with increasing age, there are vast individual differences between infants and toddlers of the same age. Many good sources of information about infants and toddlers are listed in the bibliography. We have chosen to describe infants and toddlers by outlining, in the form of a checklist of developmental landmarks, the behaviors and skills they typically master in the first two years.

OUTLINE OF SELECTED DEVELOPMENTAL LANDMARKS DURING THE FIRST TWO YEARS*

Age in Mos.	GROSS MOTOR	MANIPULATIVE	INTELLECTUAL	LANGUAGE COMPREHENSION	LANGUAGE EXPRESSION	SOCIAL-EMOTIONAL
1	Head unsteady when held sitting	Both hands fisted Grasp reflex on contact with object	Attends to sound; activity reduction Discriminates sounds ←→ Discrim. visual brightness and complexity Brief visual following; horizontal			Negative & neutral affect differentiable Quiets when picked up
2	Lifts head to 2" off surface (prone)	Retains rattle briefly before dropping	Visual following; horizontal & vertical		Cooing; repeated vowel sounds (ah, eh, uh)	Special visual interest in human face
3	Lifts head and chest off surface (prone)	Hands mostly open Reaches toward object (both hands together)	Visual following; circular		Makes 2 different sounds (goo, la, a, ma, mu, uh, eh)	Promiscuous smiling & cooing when talked to and smiled at Anticipatory excitement
4	Symmetrical posture of extremities predominates (supine) Hands engage in midline	Retains rattle or ring (not reflexive) Reaches & grasps ring near hand	Anticipates feeding on sight Visual inspection of environment Discrim. of voice quality ←→ Turns head toward sound		Laughs aloud (Belly laugh) ←→	Shows displeasure at loss of contact with person
5	Head erect & steady when held sitting Arms extended, supports weight on hands (prone) Rolls from back to side	Pats or fingers feeding bottle Manipulates or exploits rattle Drops 1st cube when given 2nd	Discriminates familiar & unfamiliar faces Glances in direction of disappearing object		Spontaneous social vocalizations Vocalizes to toys	Frolics when played with Smiles & vocalizes at mirror image
6	Sits steady with support Rolls from supine to prone	Grasps objs. at midline (predominantly one-arm reach)	Learns to discriminate simple forms		Vocally indicates pleasure & displeasure ←→ Makes four different sounds	Creates social contact (vocalizing, reaching) Shows displeasure at loss of toy More pleasurable resp. to familiar than unfamiliar people

* Based on approximate ages of "typical" appearance. It should be emphasized that normal children show much variation around the "typical" ages indicated in the outline.

Age in mos.	GROSS MOTOR	MANIPULATIVE	INTELLECTUAL	LANGUAGE COMPREHENSION	LANGUAGE EXPRESSION	SOCIAL-EMOTIONAL
7		"Rakes" at small pellet; can't grasp it Holds 2 cubes at once Transfers objects one hand to other	Looks for object which has disappeared			Pats & "plays with" mirror image
8	Supports full weight briefly when hands held	Plays with 2 toys, one in each hand	Pulls string to secure out of reach toy		2-syllable sounds (dada, baba)	Some negative reaction to stranger's approach Works persistently to get toy out of reach Imitates knocking with toy
9	Sits alone steadily Gets self to sitting Crawls, hands & knees Pulls self to standing	Picks up pellet with "scissors" grasp Purposefully lets go of cube	Uncovers hidden toy Responds to familiar words, (e.g., own name, no-no, mommy, daddy, bye-bye)			
10	Lowers self to sitting Walks with help				Uses 1 "word" appropriately	Some self control in response to adult's prohibition
11	Stands alone "Cruises" while standing, holding on to furniture	"Plucks" pellet with thumb and forefinger Places 1 cube in cup	Notices discrepancies			Protests at separation from mother
12	Sits down voluntarily Walks alone	Brings 2 cubes together with hands & examines	(shows "surprise") Obeys simple request ("give me the cup") ↔ Recovers toy from behind screen		Uses 3 words Imitates words ↔	Playful imitation ("pat-a-cake", patting doll) Initiates games with adult

Age in Mos.	GROSS MOTOR	MANIPULATIVE	INTELLECTUAL	LANGUAGE: COMPREHENSION	LANGUAGE: EXPRESSION	SOCIAL-EMOTIONAL
13	Creeps upstairs	Places 3 cubes in cup Releases ball with slight voluntary thrust	Looks at pictures in book briefly with interest			Depressive & anger reactions emerge; also pleasure in "mastery"
14	Walks well; starts & stops with good control	Builds tower of 2 cubes Spontaneous scribble with crayon	Attends & pats pictures in book		Uses 4-6 clear words	Beginnings of social interaction between infants clearly observed Spontaneously shows shoe to adult
15	Walks backward with pulltoy Runs stiffly	Places pellet in bottle & dumps out again Places round block in formboard Finger feeds self	Shows shoe when asked		Indicates wants by gesturing or vocalizing Uses "jargon"	Rolls ball to adult in response to gesture
16			Hunts for hidden toys in new hiding places			
17	Bends over to pick up toy, returns to standing		Points to a picture of familiar object when asked (e.g., "doggie")			May become upset in reaction to adult prohibition Enjoys being shown picture book
18	Climbs into adult chair Seats self in small chair Throws ball	Imitates horizontal crayon stroke Places 10 cubes in cup Some management of cup and spoon in feeding self	Points to one part of doll named by adult (e.g., eye, nose)		Uses 9-10 clear words Names 1 of 6 test objects	Anger. "obstinate" behavior frequently observable

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Age in Mos.	GROSS MOTOR	MANIPULATIVE	INTELLECTUAL	LANGUAGE COMPREHENSION	LANGUAGE EXPRESSION	SOCIAL-EMOTIONAL
19			Gets toy out of reach by reaching with a stick		Uses words to make wants known	
20		Places square block in formboard	Follows two directions (e.g., put the dolly in the chair)		Uses 12 clear words	
	Walks upstairs, holding rail Walks downstairs, one hand held Squats and stands up		Points to two of four test pictures named by adult		Combines two words (e.g., "daddy gone")	Early signs of "pride", "shame", "Jealousy", "guilt" Pulls adult to show and get help
22	Jumps off step		Points to five parts of doll		20 word vocabulary	
		Completes three hold formboard (○ △ □)				
23						Tries to communicate immediate experiences
	Runs well; seldom falls Walks up & down stairs alone	Imitates vertical & circular crayon strokes	Begins to recognize forms of same general shape		Names 3 of 6 test objects	
24	Jumps off floor with both feet	Helps dress and undress self	Points to 4 of 6 test objects named by adult Follows 2 directions with varied objects		Uses 3 word sentences, pronouns (I, me, you) "Jargon" discarded	Well developed social interaction with peers, especially through use of play materials

H. N. Riccuiti, HDFS 374, Spring 1963. Revised January 1973 with Barbara Wolf and Sharon Horner.

Chapter 3

Staff

The staff is the most important component in determining the quality of the caregiving practices. Every person who has contact with the children in the center -- directors, caregivers, nurse, cook, custodians, or bus driver -- contributes to a good experience for the children. Three major interrelated concerns of anyone working with a caregiving staff should be (1) to generate and maintain enthusiasm for giving each child the best possible experience, (2) to provide information in a way that will allow caregivers to understand and appreciate children more and (3) to maintain a setting that readily allows caregivers to implement principles of good caregiving.

Training

The content and method of training a caregiving staff may include a variety of ways of conveying new skills, providing new insights into the childrens' behavior and development, making working conditions more pleasant, and increasing caregivers' excitement about caring for very young children. Training, as discussed here, includes the maintenance of a positive atmosphere and attitude toward daily program operation as well as training in the more traditional sense.

The purpose of training is to help caregivers apply, in a natural way, the principles outlined in this manual. Staff members training must be a continuing process, not an intensive series of workshops at the beginning of a project or once a year. Even the best workshop series can have only a temporary effect. Important new information must be given again and again if it is to have a lasting effect on caregiving practices. No matter what the topic or the form it takes, training should be tied

very closely to what is going on in the program. If topics for the further education of caregivers come directly from problems and questions arising from working with the children, then new information and suggestions can be applied immediately and are not pushed aside in the face of more urgent concerns. In this area, as in many others, staff in programs for migrant children may find it difficult to schedule and implement ongoing training in a short term migrant season. In New York, pre-service training has been offered annually to staff members of migrant day care centers. We would like to stress the importance of ongoing in-service training.

Recruitment of Staff; How do you know how many to hire?

Department of Social Services' regulations require that one staff member be employed for every four children under the age of three. Bureau of Migrant Education funds make it possible to improve this ratio. When possible, centers should hire one staff member for every three children under the age of three. While this ratio involves more adults than most day care standards require, we feel that the special health needs of migrant children justify this high ratio. One rule of thumb in planning staff size is to base initial recruitment on average daily attendance of children in the previous year. In addition to the staff providing child care, additional help will be needed for food preparation, janitorial services and bus driving.

In addition, staff members who engage in the demanding and exhausting occupation of caring well for young children cannot be expected to work effectively for unreasonable periods of time. A center that is open for twelve hours a day may need two six-hour shifts of staff members, on a staggered schedule, to provide continuity of program planning and continuity

of care. Staff members who work eight-hour days need to be provided with breaks, in a pleasant and quiet environment, away from the children. Staff members should always be sensitive to the children's needs so that if someone is scheduled for a break when the children are expressing many needs, the break will be postponed until the needs are met.

Some programs recruit a core staff, then add additional people as the center's enrollment increases. In some communities this is not possible. There are many advantages if a center can begin with a full staff and few children. It provides an excellent opportunity for staff members to get to know each other and the children and to establish team rapport. They have time to organize equipment, plan program and begin to establish contacts with parents, growers and community resources. A mechanism for recording children's behavior and enrolling children on the Migrant Transfer Record System can be devised. There is time to read about young migrant children and about early childhood education programs, and to participate in other in-service training activities. For these reasons, when it is possible, directors are urged to hire full staff from the beginning of the center program; funding agencies should support this procedure as essential in establishing a good program.

Choosing Good Caregivers

The caregiver has many responsibilities. First, of course, is the responsibility to care for the children while they are at the center. To do this effectively, the caregiver must talk with the parents as often as possible, both to give them information and to get information from them about their children. Caregivers are responsible for setting up for the day: getting food trays ready, folding diapers, making beds, selecting toys, planning activities, setting up charts to write down information about the child. Caregivers will also have other responsibilities in the

areas of record keeping, program planning, or training. Staff assignments will vary from center to center, but it is probably necessary for caregivers to assume some responsibility for cleaning up at the end of the day: stripping beds, straightening the playroom, washing toys and eating utensils, sterilizing bottles, and in some programs, doing laundry.

Caregivers, as people who know the children's needs best, are a vital source of information about the total program. The caregivers are closely acquainted with the children's needs, so they should work closely with the cook who buys food and other maintenance supplies. As a part of program planning, caregivers should choose or make toys and other small equipment to make life more interesting for themselves and for the children.

The beginning level of training and skills in potential caregivers is not nearly so important as an openness and willingness to learn. Skills can be learned on the job by a motivated, sensitive person. Having some of the following qualities is more important in a caregiver than a lot of previous experience with babies and children. Some of these qualities are motivational characteristics, qualities to be worked for, rather than competencies already attained.

Three kinds of qualities, program-related, child-related, and parent-related, can be listed:

Qualities Necessary for Working in a Day Care Program

1. Good physical and mental health
2. Sense of humor
3. Self-confidence coupled with flexibility, willingness to change, ability to accept and offer criticism
4. Openness to new ideas, motivation to learn

5. Maturity that combines accepting the fact that many days are the same, and an ability to get excited about little things, to appreciate small accomplishments
6. Efficiency and adaptability; the ability to function under pressure, to be calm in less than calm conditions

Qualities Necessary for Working Effectively with Babies and Toddlers

1. Patience
2. General knowledge about early development
3. Perseverance coupled with patience
4. Fondness for babies and toddlers
5. Interest in getting to know each individual child
6. Perceptiveness -- the ability to take the role of the other, to see the world through the child's eyes
7. Warmth that is expressed in ways that are noticed by children
8. Creativity in play -- being able to create interesting ways to show the world to children

Qualities Necessary for Working with Adults

1. Respect for and tolerance of differences of opinion
2. Tact
3. Acceptance of others' strengths and weaknesses
4. Investment in promoting parental confidence
5. Empathy -- an ability to see the parents' or another caregiver's point of view

Experience with babies and toddlers is crucial for a potential caregiver. This is the only way that she can know if she likes very young children. Past education or training are not as crucial, though, as the qualities listed above. People with warmth, who find children exciting and are open to learning, are the ones who tend to become excellent caregivers. Whenever possible center directors should recruit staff members from the migrant population.

Any one person may not be equally effective with children of different ages. In thinking about the fit of a person in a job as a caregiver, it is important to remember that an eight-week-old child is very different from a six-month-old, who, in many ways, bears little resemblance to a twenty-month-old. They demand different kinds of care and give different kinds of responses in return.

Ethnic and Cultural Background

In hiring staff, the director must be aware of the cultural backgrounds of the children and be sure that staff members will be those people who appreciate and can meet the special needs of children from different backgrounds. The following paragraphs are taken from Day Care 2: Serving Infants (pp. 25, 26)

Ethnic relevance

Regardless of the locale or method of grouping in a center, the varying ethnic and cultural backgrounds of the families involved must receive the closest attention. Almost every group of children will represent several cultures and often several languages. Programs should incorporate and preserve elements which reflect those ethnic and cultural backgrounds. Parents should have an opportunity to select or approve of the ethnic content of a given program. In this way both parents and children identify with day care center activities.

In those areas of the country where families use two languages, e.g., Spanish and English or American Indian and English, both languages should be used and the children's familiarity with both strengthened. Characteristics of both cultures should pervade all aspects of the program.

A curriculum which values cultural differences should be part of the child's program from infancy. In programs that involve only minority group children, bilingual, bi-cultural education must be an integral part of all daily activities. But in programs containing only a portion of children from a particular ethnic group, two arrangements might be made. An authority figure (probably a parent) from a minority group can be included in the program, and special curriculum components in the area of relevant language skills and cultural awareness can be used.

In order to meet the special needs of ethnic groups, curriculum components should include these four areas:

Self-identity. Children need to develop self-awareness and a positive self-image. It is recommended that more than one language be used in the learning process; and that there be focus on the concept of skin color differences, and the use of bilingual songs, games, finger plays, stories, and games. For children who must fulfill multi-cultural roles a positive image of this should be envisioned by the caregiver and communicated to the child. Emphasis should be placed on the value of being multi-lingual and multi-cultural.

Cultural awareness. The child should identify with or relate to the two or more cultures of which he is a part. He should be educated to allow him to make a maximum contribution to those cultures. Materials representing the cultures should be a part of all programs dealing with minority children and room environments should reflect these cultures. The nutrition program should reflect a variety of representative foods, and minority group holidays should be celebrated.

Bilingual competency. Children should be encouraged to verbalize in more than one language. Caregivers and other children should appreciate nonverbal behavior as a suitable expression of feelings. Teachers should be bilingual to serve as good listening and speaking models. Teaching of standard English should not be approached as a "phasing out" of another language or dialect and a child should be given recognition, praise, respect and encouragement in his use of both languages. When appropriate, pre-reading and pre-writing activities should be conducted in both languages.

Family awareness and participation. Respect for a child's home should be expressed through positive caregiver-child-parent interaction. Parents should be involved in decision-making at a policy level in all areas affecting the child's education; parents should be encouraged to share the child's experience in center activities. Caregivers should promote and support the concept of parents as authority figures; they should also make home visits when possible.[1]

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[1] Huntington, D. S., Parker, R. K. and Provence, S. Day Care 2: Serving Infants. Washington D.C.: Office of Child Development, 1972.

Volunteers

Volunteers can contribute to the quality of a good program or they can add confusion and chaos. The key seems to be in the ability of the staff to communicate the program philosophy, to establish an orderly environment and to outline clearly the responsibilities of the volunteer. Volunteers' expectations about what they will see in the day care center vary enormously, and influence their behavior while they are with the children. Some people expect a "tight ship" with children behaving nicely, interacting politely with each other and the adults and participating in adult initiated group activities such as singing games or group story time. Other volunteers, who come to the center with a genuine desire to "help the poor little things" may be unable to cope with tears, messy pants or running noses because they are oriented to "fun at any cost." They are unable to function in situations other than play and fun. Between these extremes are many capable, sensitive, loving volunteers who can, with very little help, become the backbone of the center.

But be cautious in relying on volunteers to improve the adult-child ratio. A few volunteers, working on a regular basis, can be helpful in improving the quality of the program, but involving many different people who do not know the children will create an unpleasant experience for everyone. We have stressed the importance of children being cared for by a few individuals they know and trust. The advantages of having extra people to help must be weighed against the importance of having very few people involved in providing care.

In orienting and training volunteers the following reminders may be helpful.

Volunteers will spend some time in direct contact with children, some time preparing activities or restructuring the environment, and some

time in housekeeping (cleaning up, wiping tables, etc.). The total staff should be equally responsible for these types of tasks. Nothing can be more demoralizing to a staff member or volunteer than to spend a block of time away from children, doing an endless succession of housekeeping chores. Properly assigned, chores provide welcome relief from child caring responsibility. A volunteer who has spent an hour with an irritable toddler outside in a hot play yard may welcome the opportunity to collect her thoughts while she washes bibs or mixes paints. Participating in a variety of activities is as important for adults as it is for children. For this reason we do not recommend the procedure many centers use of assigning staff to activity stations -- Ms. A is assigned to the painting corner, Ms. B to the water play area and Ms. C to blocks for the entire morning play period. Adults and children should circulate through the total environment emphasizing interpersonal relationships rather than trying to process children through a series of tasks or activities.

Volunteers should be totally involved in pre-service training, in planning meetings, and in setting up the center. This is not always possible, because often volunteers do not hear of the program until it is in full swing. If they offer help at that point it is an important but enormously time-consuming task to orient them, to help them feel warmly welcomed and above all, to let them know that their help is needed and appreciated. Few things are more deflating to a volunteer (who may have made real personal sacrifices in order to participate in the program) than to feel that she is really not needed or, even worse, that she may be in the way or a burden to the staff. From a public relations point of view, a volunteer can damage a center by spreading the word that a program is disorganized or overstaffed. Every staff member needs to realize his or her responsibility toward volunteers -- from greeting them by name and a quick "We're glad to see you,"

to assuring them that if they are unsure about a certain situation, and if they are having trouble finding anything from glue to diapers, they should feel no qualms about asking. Staff members should also demonstrate through their own behavior that, except during breaks or after the children have left the center, long adult conversations have no place in the program.

If volunteers are convinced that they are a welcome and needed part of the program, they, in turn, have a responsibility to take their roles seriously. When they are scheduled at a particular time, they should arrive punctually, ready to work and to remain for the entire period of time they agreed to. If for any reason they cannot be present, they should notify the center and, if it is the policy of the center, arrange for a substitute. Most programs allow volunteers to bring their own children with them while they work. In fact, sometimes a volunteer will participate in order to gain a group experience for her own child who may not otherwise qualify for admission to the center. Volunteers should be able to participate with their children. But there may be difficulties when parent and child try to establish what may be a new relationship in a different kind of situation than they have experienced at home. In addition to volunteers and their children many staff members bring their children. Too, migrant mothers are often recruited for staff positions.

The adults should understand that many young children find it hard to share their parents, particularly in strange new situations. It may be important to establish clearly that a parent's <u>first responsibility is toward his or her own child</u>. This principle applies both to volunteers and to paid staff members. Once the child feels comfortable and is reassured that he or she is not going to lose the parent's affection and attention, the child becomes more able to relate to other adults, to participate in

activities with other children and, in a real sense, to free the parent to work in situations not always directly related to the child. Too often a conscientious parent will feel obliged to ignore her own child, to insist on participation too quickly and to feel guilty or angry when her own child is the most difficult and demanding of any in the group. Occasionally a parent who has seen her own child engage in happy, cooperative group play in other situations is appalled when that same child appears to be a real monster, particularly when the parent is busy helping other children in the group.

After the initial introduction during which a volunteer and her child are free to explore the new center environment together, the parent can begin to involve one or two other children with her own child. For example, if a volunteer and her two-year-old are joining the toddler group, they may spend the first hour watching; the toddler clinging to his mother or sitting on her lap. Then they may begin to move around the room examining the various toys. They may sit on the floor together in the book corner and look at one or two books. If they are joined by one or two toddlers, the volunteer may begin to involve them in the story. Her own child may, at this point, begin to make tentative movements away from the mother. If the child strays near another adult, a matter-of-fact, casual attempt can be made to involve the child in an activity. The point is that no "big deal" is made of separating parents and children. They are welcomed together at the center and they remain together as long as they wish. Sometimes a parent and director will decide that a child will have a better experience as a member of a group in which the parent is not a staff member or volunteer. This should not, however, be an automatic decision.

Interested teenagers can be competent, dependable, energetic volunteers if they receive adequate training and support and if they appreciate fully the importance of good programs for young children. Particularly during the summers many programs have found teens to be one of the richest resources within local communities.

One final word about the numbers of volunteers who can be truly helpful in an infant and toddler program. Each child needs to know and be known by a small number of trustworthy loving adults who can be counted on to provide the major part of his or her care. On the other hand, we realize that even a 3 to 1 ratio of children to adults does not allow for the enormous amount of individual attention young migrant children may need, particularly in the area of play, health care, and language development. We suggest that a rule of thumb is to have one or two extra adult volunteers for each baby and toddler group during the busy times of the day. These volunteers can be expected to participate on a regularly scheduled basis, to attend pre-service and in-service training and to regard themselves and be regarded as part-time, unpaid staff members.

Migrant programs attract many visitors; frequently these visitors are most interested in the groups with the youngest children. The staff will walk a narrow line between helping visitors feel welcomed and at home while, at the same time, protecting the children from over-stimulation and too many superficial relationships. Volunteers who want to work with the children cannot drop in and out casually and must understand that their personal philosophy about caregiving is subordinate to the philosophy of the center. "Drop-in" volunteers are not very helpful and may actually be disruptive unless their role is specific and clearly understood. If their role is understood, however, "drop-in" volunteers can make a contribution.

For example, one director who was having trouble finding a janitor to clean thoroughly asked a doctor's wife who "dropped in" every day to clean the bathrooms used by children and adults. She did it thoroughly and cheerfully. Occasionally, adults who work in migrant day care centers remark that children do not appear to be disturbed by staff changes and sometimes do not seem to notice the absence of a familiar caregiver or the presence of a strange substitute. Visitors are pleased by the friendly openness with which the young children greet them and by their apparent willingness to be picked up and played with by strangers. While we too have observed this pattern, we believe it is an area yet to be explored by research. It does not appear to us that the migrant child's outward acceptance of strangers indicates that a center can afford to be less careful about ensuring children's close relationships with a small number of central caregivers.

In summary, volunteers should be actively recruited and trained by the center staff. Their participation can provide program enrichment as well as providing valuable links to the community or with other parents of the children cared for by the center. An effective volunteer component needs to be carefully planned and implemented if it is to enhance the team efforts of all the adults.

Insurance Coverage

On New York State the migrant child care program insurance protects paid and volunteer staff as follows:

I - General Statement:

A - The liability insurance coverage carried by the New York State Federation of Growers' and Processors' Associations, Inc., engaged in carrying out the Migrant Child Care Program applies whenever a liability occurs whether a paid worker or volunteer is in attendance.

B - The coverage is based on the number of program locations and all persons engaged in child care procedures during the time the center is in operation are included.

C - Locations are checked each year at the time of the insurance audit.

II - Examples:

A - Playground accidents: Liability coverage for each and every occurrence is in force as long as there is a staff person supervising the activity, paid or volunteer.

B - Car accidents: a child riding in a car driven by a paid worker or a volunteer which is involved in an accident may make claim against the car owner first and then if the claim is not satisfied, the Federations's policy will come into play to protect the owner. (This is called non-ownership protection)

III - Summary:

A - All insurance coverage carried by the Federation is in effect for any occurrence whether the attendant is a paid staff member or a volunteer.

B - The above holds true as long as the activity is part of the regular, accepted migrant child care program.

Morale

Communication is a key concept emphasized in this manual. Caregivers and children, caregivers and parents, caregivers and other caregivers must communicate. This third kind of communication is critical if morale is to be high. Staff morale plays as large a role in determining the quality of a program as does staff competence. A well-trained caregiver who is unhappy with working conditions or is not getting along with another staff member or who feels powerless to affect decisions about her job cannot possibly do a good job caring for children. Happiness cannot be taught; it is a by-product of good communication and satisfaction with one's job. A new staff member must fit together with the rest of the staff, not quite the same thing as fitting in. Fitting together is something, like training, that must be worked at continuously. Because it is nebulous and impossible to teach, morale often gets minimal treatment or is not mentioned in training

manuals. It is so important, though, that any discussion of components of a quality day care program is incomplete without it.

Morale may be low because of problems in the program. It is likely, however, that sometimes caregiving settles down to a dull roar -- everything is under control, nothing new is happening -- and even though they may be very busy, caregivers become bored. Feelings of discontent or boredom are contagious. At this time a perceptive program director will introduce something new, change the routine, involve the caregivers in a project they will find interesting.

When caregivers are unhappy, they cannot interact as effectively with the children as they do when they are feeling good. There will be days when, because of personal problems, a caregiver does not do her best. On the other hand, there will be days when she is a very competent, enthusiastic caregiver, but a child is just not responding. Not only is the child failing to respond positively to her efforts to care for him, but also he is doing all the wrong things -- crying when he should be playing contentedly or laughing happily, wetting his diaper five minutes after a change, refusing to eat, acting sleepy and tired but protesting vigorously at naptime. Children sometimes have bad days, or even bad weeks. Caregivers should be forewarned to expect these times. There is no magic solution for coping with them. Being able to admit that it is a bad day and being able to laugh about it helps. But it is difficult to have a sense of humor by oneself. Again, communication, good rapport between people who work together, is important. A bad day shared and laughed about with another person is better than a bad day suffered alone.

A happy atmosphere, good relationships among staff members and with parents, quickly transmits itself to the children. Caregivers need to be

more than child centered; it is equally important that they be aware of the moods and needs of fellow workers.

If the atmosphere in the program is one of constantly learning and becoming, not only will people be more excited about their work, but there will be no need for defensive attitudes. If caregivers can be open about questions they have, if there are channels for constructive criticism as well as praise, then there will be no need for seething undercurrents of discontent that can impair effectiveness.

Another major contributor to high morale is the degree to which caregivers are involved in program planning. They should be included in any decision-making that affects their work. In the same way, they should be given as much responsibility as they are competent to handle working with parents, making purchases, planning staff and parent meetings are all areas where caregivers should be involved. Extra responsibilities should be given and accepted with the understanding that the caregiver's primary job is to care for children.

Staff morale can be affected by small things: the addition of a new piece of equipment, giving someone a couple of hours off or even an extra 30-minute break, or telling a caregiver that she did a good job. These are important, however, and can make the difference between a mediocre day and a very good day for a group of children and caregivers.

Caregivers need time away from children if they are to do a good job. This time can be used to read, talk with other staff members and relax. Caregivers should take advantage of naptime or a lull in the activity to have a short break. During the day there will be some shifting of caregivers. This must be accomplished smoothly by having schedules overlap so that there is continuity for the children and the opportunity for

caregivers to exchange information. It is not enough to rely on written information.

One of the problems inherent in caregiving is that much of the job may seem very routine and unchanging after the necessary skills have been mastered. Caregivers often lose sight of the importance and meaningfulness of what they are doing. Unlike working with older children or adults, many of the rewards of working with babies and toddlers are small and subtle. It takes a sensitive person to notice, appreciate, and be gratified by a shaky reach for a toy by a baby who has just discovered the power of his or her hands, or a baby going to sleep without screaming, or stacking two blocks, or using a new word, or working a simple puzzle for the first time. These are among the rewards of caring for very young children, the results of countless sensitive caregiving acts. Caregivers need to be reminded, by being praised, by having the opportunity to teach others the skills they have, by being helped to grow and learn in their profession, that theirs is a very important, highly skilled job.

Assessment

The process of program planning, involving the total team of staff, parents and volunteers, is based on an ongoing informal assessment of the children -- of their strengths and their delights as well as of their weaknesses or needs. Adults need to train themselves to look at children objectively and to plan in terms of child needs rather than in terms of adult convenience. A notebook or card file system should be established in each room so that adults can jot down pertinent observations about individual children, or make written suggestions for program activities. Again, migrant

programs are usually too short to allow for the careful long-range assessment which can take place over months of a child's development. Readers who are fortunate enough to have time to do a well-designed assessment of children in their center are referred to Chapter 9 of A Good Beginning for Babies.[2]

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[2] Willis, E.A., and Ricciuti, H.N., A Good Beginning for Babies, Ithaca: New York State College of Human Ecology, 1974.

Chapter 4

A Caregiver's Day with Babies

The caregiver's day begins before the babies arrive. Diapering equipment must be set up, as well as preparations made for bottles and breakfast for those babies who will want something to eat as soon as they arrive. Formula, juice, milk, cereal, and some fresh and jarred fruit are set out, along with dishes, spoons, cups and bibs. The linens on the cribs must be changed. The caregiver remembers each baby's favorite toys and sets some of them on the floor; she also includes some toys that are relatively new or that have not been used much before. She puts some jar lids inside an empty disposable diaper box, closes the box, and puts it on the floor for a curious explorer to discover.

Just as she sits down with a cup of coffee, the bus pulls up outside the building, and she goes out with the other caregiver to help bring the babies inside. The aide on the bus introduces her to a new baby, who arrived at the camp last night. The mother told the aide that the baby's name is Robert, that he hardly ever gets sick and that he eats whatever food she has for the rest of the family. That's all. The caregiver guesses that he is about six months old by his size and the fact that he can almost but not quite sit alone steadily. She takes him into the room and greets each baby as he or she is brought in.

When there is a pause, and each baby is somewhat settled, there is a diaper change for everyone who needs one. Noticing a slight rash on one baby's stomach, she calls the other caregiver over. They decide that it may be a reaction to a new food, but they ask the nurse to look at it. She watches the babies for a while; because she knows them well, she decides that one of her babies will probably play a while contentedly, another

would like juice before a nap, still another is ready for a nap now, while another has not had breakfast and will be in a much better mood after some cereal and fruit.

Caregivers seldom get to do only one thing at a time. This does not mean that a baby never gets her full attention. It is very important that each baby have the caregiver alone for part of each day. What it does mean is that the caregiver, while being tuned into what she is doing, must also be aware of what is happening with all her babies. She wants to anticipate a baby's boredom or frustration before it occurs and try to prevent it.

The caregiver notices that two of the babies on the floor are interested in the diaper box and are not willing to play with it together. She sits down on the floor between them, gives one of them another toy, and plays with them both for a while. Now, she lays the sleepy baby in bed on his stomach and pats his back gently. When he has settled down, she prepares the fruit and cereal and places an older baby in a feeding table. While she is holding one baby and giving her cereal, she sits near and offers encouragement and help to a baby who is learning to drink juice from lid-and-spout cup. She talks and smiles occasionally to the baby playing busily on the floor.

Noticing that the baby who is drinking juice seemed a bit bothered earlier by the other babies, the caregiver leaves her in the feeding table after she has finished her juice so that she can play alone quietly. The caregiver brings over a cup and some cubes and encourages the baby to pick them up, showing her how to bang them together. The caregiver writes on the information sheet when and what the babies ate, so that later a volunteer or caregiver will have the information.

The caregiver is now free to play with the babies. She places two babies on the floor near each other, changing one from a sitting position to prone, and places the one who has just been fed in an infant seat. She then takes the orange clutch ball, raises it high in the air, squeezes it to get their attention, then lets it fall with a great flourish. The older baby looks around for it so she waits to give him a chance to find it. When his eyes catch it, both caregiver and baby laugh at his success. This goes on for quite a while with many variations -- covering the ball with a blanket and letting the baby uncover it, holding it in front of the younger baby and encouraging her to reach for it.

The game has the attention of the baby in the feeding table. The caregiver senses that she is ready to come out. She asks, "Would you like to get out now?", emphasizing "out". Before she extends her arms to pick her up, the baby raises her arms in anticipation. This baby has begun to crawl recently and is interested in practicing this most of her awake time. The caregiver knows this, and appreciates that she can move more freely now that some of the babies are sleeping. She may not have a chance to hold this baby on her lap for more than a few minutes; the baby just does not have time for that. The caregiver understands and will not push her to be held while her interest in crawling is so strong. The baby likes to be talked to, however, so she will talk to her many times during the day.

One of the babies on the floor is becoming very fussy, rubbing her eyes, and ignoring the toys around her. The caregiver picks her up and rocks her in the rocking chair while singing to her. When she seems relaxed and is almost asleep, the caregiver places her in bed. She notices that the other baby on the floor is trying very hard to move, straining to

get a toy that is just out of reach, and having very little success. She watches for a time, then goes over and helps him give himself a little push. When he reaches the toy, she claps and praises him. They work together on moving for a few minutes. He is getting tired and frustrated, so she takes a book from the shelf, puts the baby on her lap, and they "read" it together. She points to the pictures, talking about each one. She lets the baby turn the pages. Meanwhile, she is warming his bottle. She calls to the crawler, who is attempting to pull herself up on the diaper pail. The call does not distract the baby from her endeavor, so the caregiver gets up, placing the baby she is holding on the floor, removes the other baby and moves the diaper pail to a safer location. The caregiver places the baby who has been crawling in the jump chair for a few minutes, something this baby always enjoys. The bottle is warm, so she offers it to the baby with whom she had been "reading". He does not want it, and lets her know by crying loudly and vigorously. She tries several times without success, lays the bottle aside, holds him so that he can see her face, talks to him in a soothing way. Eventually he quiets, but starts crying again as soon as she puts him in his crib. She leaves, thinking he may quiet himself, but after five minutes he is still crying, so she takes him out of his crib. He begins to play contentedly with the toys and stops crying. So much for a nap.

If she is lucky, the caregiver may have a short time for a break when most of the babies are napping. At least she may have time to relax and talk with the caregiver with whom she works. As the babies awaken, some will be ready for lunch, and for them a diaper change seems interminably long. Others will be content to play for a time and wait their turn.

Feeding time is one of the best times during the day. The caregiver should be relaxed, take time to talk with the baby, and let the baby help if he or she wants to. On some days she may feed two babies at once, and this can be done in a pleasurable way for all involved. Today, however, she will be able to feed each one individually. She gets everything ready, including the table foods sent down from the kitchen for the older babies. She takes over an extra spoon and a damp washcloth, anticipating that one baby, as he indicated yesterday, is beginning to show great interest in "helping." There is much conversation over lunch. The caregiver helps the baby guide the spoon to the dish and then up to his mouth. Much of the food ends up on the table, but that is okay. A quick clean-up and the baby is ready to play again.

So goes the caregiver's morning. She takes a big break in the middle of the day for her lunch when most of the babies are napping, and has a rest from her demanding job. Most of the babies nap for an hour or more after lunch.

Much of the afternoon is spent outside in the play area; the day is hot and sunny. The caregivers take out some old bedspreads on which to place the younger babies, a stroller, a few toys. The grass, trees, wind, dirt, sun, and other people provide interesting activities for everyone. A couple of babies find the sunny outdoors ideal for napping.

Everyone gets a snack sometime in the afternoon. Before the babies go home, the caregiver puts each one's belongings, a sweater, some medicine prescribed by a doctor perhaps, and a disposable diaper to wear into the center the next day, in a paper bag with the child's name on it. Wet or soiled diapers are changed again as close to going home time as possible. The caregiver takes the babies out to the bus and says goodbye. She asks the

aide to tell one baby's mother that he pulled up to a standing position for the first time today and to remind another mother to send in her baby's medicine tomorrow. Before leaving, the caregivers straighten up the room, putting things in order for the next day.

Somewhat simplified, this account depicts a <u>good</u> day, and not all days are that way. Essentially, a quality program is defined by the way caregivers meet these very concrete daily concerns.

Chapter 5

Physical Space and Equipment for Babies

The quality of the social environment in a day care program is more crucial for a good experience for babies than is the elaborateness of the physical setting and equipment. It is quite possible to run an excellent program in much less than ideal physical conditions. But the arrangement of the rooms in which a day care center is operated, and the physical facilities and equipment available, can either facilitate a smooth, pleasant operation or make it more difficult. This does not mean that the more modern the furniture, the more expensive the toys, the more plush the carpet, the better the program will be. A two-dollar rocking chair painted bright yellow, carpet remnants, pictures cut from magazines and taped to the wall help create the right atmosphere. The size of a day care facility, as well as the kinds of space and equipment needed, depend on the scope of the program and the number of children served. In New York, the migrant child care program serves children from two weeks to 14 years. Most infant and toddler programs therefore share facilities with programs for older children. The following suggestions are not prescriptive, but describe general arrangements which can be adapted to meet the specific needs and limitations of particular situations. Our emphasis is on providing a safe, interesting environment that will encourage exploration and take advantage of babies' capabilities, whatever they are.

Room Arrangement

Few people setting up a day care program have the luxury of designing their own facilities. Usually programs are housed in churches, schools,

industries or community centers. There are, however, a number of definite considerations one would need to keep in mind in designing the floor plan or adapting a group of rooms for use as a center.

Whatever the size and layout of physical space, the arrangement of equipment should be based on functional areas of the program, that is, arrival and departure, feeding, play, sleeping and diapering. Considering traffic flow will lead to better organization of space.

If possible, centers should have a separate sleeping room or area adjacent to the playroom, so that there is a quiet place for napping. The playroom is the center of action, with all the other rooms leading from it. The bathroom should be easily accessible for rinsing dirty diapers and washing hands after each diaper change. If the playroom is equipped with adequate storage areas, a large storage room can be located away from the playroom. A multi-purpose room (for parent conferences, working with a single baby, sick room) as well as an office for staff members, should be located a short distance from the nursery.

Play Room

Since it is a multi-purpose room, the arrangement of the play room is important. A good general plan is to set up the room in areas, leaving the rug area as open as possible. Blind spots in the room, places where babies would be completely out of the caregivers' view for long periods of time should be avoided. Sometimes a baby does need to be away from the rest of the group, however, and the room should be equipped for this, with a large box to crawl into or interesting corners, for example. A playpen, a feeding table, or the caregiver's lap can also serve this purpose. A small room away from the play room can be used when the caregiver can accompany the baby who needs to get away from the group.

In setting up the play room, one should think about traffic flow and arrange the room to minimize confusion. Toy shelves placed just at the edge of the rug allow the baby to crawl over easily to get his own toys, and the toys will make less noise when they are pulled off the shelf onto the rug. The diapering area could be conveniently situated near the bathroom, the feeding area near the kitchen.

Just inside the entrance to the play room is a good place to have a bulletin board, a place to keep information on each baby. There should be a desk for the caregivers to keep written records, to keep current reading material on babies and day care. The room should be equipped with comfortable rocking chairs or straight chairs for a caregiver to use while feeding, playing with, or reading to a baby on her lap, or soothing one who is upset or irritable. A clock should be visible from all parts of the room. Besides toys, pictures, posters or perhaps a few mobiles add color to the room.

Shelves for toys should be attached to the wall or should be heavy enough so that they cannot be pulled over. They should be low enough so that the babies can reach at least some of the toys and choose what they want to play with.

A cabinet storage area close to a changing table near the bathroom should have supplies such as diapers, blankets, pads, lotions and disposable diapers. This storage area should be inaccessible to the babies.

Individual feeding tables, safer than high chairs, double as playing tables where a baby can watch what is happening while he is working with some small toy. There might be infant seats around for younger babies, and perhaps a wind-up swing and a walker.

When one room has to accommodate both mobile and non-mobile babies, having some way of dividing the room or sectioning off a portion of it is advantageous. A low fence of a strong but transparent mesh built in sections hinged together to fold against the wall can be used to place a younger baby safely on the floor, or to "keep the crowds away" at feeding time. The fence should be made so that it does not put the babies out of view of the caregivers.

A portion of the play room should be covered with a rug so that the babies can play safely on it. Comfortable floor covering also encourages caregivers to sit on the floor with the babies. As the babies begin to learn to crawl and walk, some padding on the floor will prevent serious head injuries and some bumps and bruises. A rug gives better traction for the bare feet or knees of creepers, crawlers, scooters, and walkers than does a tile or wooden floor. Also, some floors tend to be cold, and a rug acts as an insulator. The carpeting must be easy to clean and must be tacked down or bound on the edges to keep curious babies from pulling it apart.

Only a part of the floor need be carpeted, however. The rest may be tile or other easily cleaned surface. The feeding area has to be cleaned daily. Even floor surfaces help the baby to learn about his world. For example, a ball goes a long way with a little push on a tile floor but not on the rug. On the other hand, crawling is easier on the less slippery rug.

Large pillows, especially chair-type pillows with arms, can be helpful to the baby just learning to sit up. Small thermal blankets are placed on the rug for younger babies who tend to spit up more than older babies.

The playroom should be spacious, bright and cheerful. Ideally, windows should be low enough so that toddlers or even babies who are not yet walking can look out. Windows should either be made of shatter-proof glass or provided with other kinds of protection, such as wide ledges or screens, to prevent the babies from banging the windows with toys, breaking them, or climbing in them. The windows do not need to be curtained, especially if the view is nice. A pretty shade or attractive cornice allows natural light to come in. Windows that are opened for control of ventilation and temperature should be screened.

Overhead lights should be sufficient to light the room, but neither glaring nor dull. Lamp fixtures plugged into wall outlets should be used with care to avoid exposing dangerous cords the babies might chew or pull.

If radiators are used for heating, they must be enclosed to prevent burns. In maintaining a comfortable room temperature, caregivers have to remember that warm air rises, and if the temperature feels just right to someone standing and moving around, it probably means that a baby lying on the floor is a bit cool.

A portable crib in the playroom serves four purposes: (1) it provides an area where babies can be diapered without fear of falling or being distracted by other babies; (2) it allows a younger baby to play by himself out of the way of older babies; (3) it gives an older child an area to play by himself without interruption, for instance, on a day when he is especially irritable and sensitive to interruptions by other babies; (4) it provides a place for a baby to have his milk or juice without being bothered.

It is very easy even in a small program for the play room to become cluttered. This can be avoided to some extent by making a conscious effort to put away equipment that is not being used.

Kitchen Area

A kitchen located next to the playroom allows for easy assembling of foods, warming bottles and cleanup near the end of the session. Counter space or a table is necessary for putting together food trays, and for placing the sterilizer within easy reach. Storage space in the kitchen should be used for food and frequently used utensils. A tiled floor in the kitchen is easily maintained. Facilities for washing toys as well as food dishes are necessary. A refrigerator is used for storing bottles of milk and formula, left-over baby foods, teething rings, and medicines. In any all-day program for infants and toddlers, a stove is necessary for sterilizing eating equipment and warming bottles, as well as preparing hot meals.

A half door between the kitchen and the playroom, the entry and any adjoining room is a good idea. With these, the caregiver can check on babies easily.

Sleeping Area

Although the sleeping room (or area) should be pleasant, it should be a serene room rather than a bright one. The room should be spacious, so that cribs are not close together. Each baby should have a crib in which he or she sleeps regularly; those babies having similar sleeping patterns should be in the same part of the room. Cribs should be situated away from the windows and wall sockets.

Cotton sheets and blankets cut down on static electricity and are durable. There should not be pillows in the cribs. There are several points to be made about cribs; the mattresses should be easily cleaned and firm; it must be possible to lower mattresses so that babies cannot

throw themselves over the sides; cribs should be sturdily constructed and should allow the baby to see out into the room.

A rug on the floor will help muffle noise. A fan securely mounted high on the wall out of the babies' reach serves a dual purpose: it increases air circulation and provides a quiet noise to mask other noises in the room. Soft music is calming for some babies, so a radio or record playing in the sleeping room as well as in the playroom might make naptime easier for caregivers and babies. Windows should be shaded so that the amount of light in the room can be regulated. A rocking chair in the sleeping room can be used by caregivers to help a baby go to sleep, to calm him or help him relax away from the color, noise and activity of the playroom. There should be a storage area in the sleeping room for bed linens, a few crib toys, and materials for diaper changes. A storage bag for each baby's belongings can be hung on the end of the crib.

Other Rooms

The bathroom should be large enough to hold diaper pails. A lockable cabinet in this room can be used to keep medication, wash cloths and cleaning materials. A storage room can accommodate a washer and dryer if the center has one, extra supplies and equipment not in use. The extra multipurpose room should be equipped with a crib (for a sick baby). Other equipment will be determined by the use of the room.

Play Yard

An outside play area provides the important experiences of getting out and going to a new place. Some centers may not have such an area just outside the door, but perhaps arrangements could be made to take the babies to a nearby suitable spot.

Equipment and Supplies for Infant Room[1]

The following list should be viewed as suggestive rather than prescriptive. The necessity for certain equipment will vary from program to program. Also, many items can be borrowed, begged from individuals or groups in the community, purchased second-hand or substituted with something else. The following list is for an infant program within a larger center serving approximately 10 babies 2-12 months old.

Furnishings

1 refrigerator (counter size)

1 twin stroller or 2 single strollers

2 large covered plastic trash containers (one for diapers)

large piece of carpet (for play area - exact size depends on size of room)

large clock

low open shelves (for toys - accessible to babies)

cabinet and/or shelf space inaccessible to babies

cubbies, boxes, bags, or divided shelves for personal belongings of each baby

several large pillows or cushions (for climbing over, playing with - not for cribs)

record player and/or radio (this perhaps could be shared by several groups in the center)

10 cribs with mattresses (including several portable cribs)

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[1] The list is adapted from such a list in Appendices B and C (pp. 79-86) in Huntington, D.S., Provence, S., and Parker, R.K., Day Care 2: Serving Infants. (Washington, D.C.: Office of Child Development, 1972).

2 rocking chairs

1 playpen

1 walker (if the space is large enough)

4 individual feeding tables

1 multiple feeding table (see diagram)

diapering table

wind-up swing

3 infant seats (number depends on age of babies in group)

1 hot plate

1 sterilizer

1 window fan

Linens and Supplies

crib bumpers

10 mattress pads

crib blankets

crib sheets

receiving blankets

extra clothes - plastic pants, undershirts, shirts, overpants, socks

cloth diapers (for those babies allergic to disposable ones)

disposable diapers

wash cloths (at least three per infant)

smocks (for caregivers)

bibs

bottles

cups

baby spoons

regular spoons

plastic feeding dishes

plastic bags

kleenex

paper towels

pins

diaper ointment

baby powder

mop

brooms

sponges

cleaning supplies

big piece of plastic - under feeding area

Suggested Toys and Play Materials for Babies

small wooden blocks

washable stuffed toys

squeeze toys

big plastic pop beads

trucks, cars, tractors - small wheeled vehicles

crib gyms

stacking toys (plastic donuts on stick, open cylinders, etc.)

pull toys

books - with durable pages

balls (yarn, plastic)

very simple wooden puzzles

a few mobiles (just to look at)

a few rattles

records (some quiet soothing music, some more active - not necessarily children's records)

Play materials from household items

boxes, large and small

cans, large and small (be sure there are no sharp edges)

plastic containers, spoons, measuring cups, etc.

pieces of fabric

hats

purses

It is difficult to discuss good toys and play materials for children 2-14 months old without either listing specific toys or very general categories. Readers are referred to the discussion of play materials in section 6, "Play and Learning" and the following set of suggestions for homemade toys.

Comprehensive lists of commercially made toys appropriate for babies are in:

Huntington, D.S., Provence, S., and Parker, R.K. Day Care 2: Serving Infants (Washington, D. C.: Office of Child Development, 1972).

Evans, E. B. and Saia, G. E. Day Care for Infants. Boston: Beacon Press, 1973.

Toys for Babies

Anything can be a toy for a baby. If something around the house is safe for a baby to have, even to see how it tastes, give it to a baby and see what happens. If a toy is safe, is fun for the baby, and encourages him to use all his skills, then it's a good toy. But, toys cannot ever be a substitute for being with people.

Some ideas for toys that can be made from objects around the house are:

Shaker bottles -- Put small, colored, edible (in case the bottle is opened accidentally) pieces inside any clear plastic bottle. M & M's, marshmallows, dry cereal, cake decorations, for example, inside shampoo or dishwashing detergent bottles make great toys for babies. Be sure the lid is on tightly.

Simple hand puppets -- ones made from socks, for example, are a good way for an adult to talk with a baby. Puppets are a good way for a caregiver to entertain a finicky eater.

Boxes -- all shapes and sizes -- for walking or crawling into (refrigerator box), sitting in, stacking, nesting, putting things in and dumping them out are ready-made play materials. A shoe box with a string attached makes a good pull toy for a toddler.

Sorting toys -- An egg carton or a cupcake tin works well as a place to put small objects (spools, blocks, cereal).

Dress-ups -- Babies enjoy putting on hats, wearing necklaces and carrying purses, especially if there is a mirror around so that they can see themselves.

Blocks -- Use milk cartons of different sizes (half-pint, quart, half gallon). Each block takes two cartons. Cut the tops off and put

one inside the other so the bottoms of the cartons make the ends of the block. Put a small object inside some blocks so that they will make a noise when shaken. Cover blocks with contact paper.

Texture Blocks and Scraps -- Cover blocks of wood (approximately 5 x 3 x 3/4" and sanded to prevent splinters) with brightly colored fabric of different textures (burlap, corduroy, velvet, quilted material, voile, net).

Dry Cereal -- Offer a baby a cup of dry cereal. One of the first things most babies do is dump the cereal on the floor .

Books -- Use books even with very young babies. Hold a baby, talk and look at the shapes and colors. A relatively baby-proof book can be made by cutting large, bright interesting pictures from a magazine, pasting them on construction paper, covering both sides with clear contact paper, and putting the pages in a plastic loose-leaf notebook. Old wallpaper books are great for babies to use by themselves.

Hanging Toys -- Many objects around the house (paper cups, spools, aluminum foil pie plates) can be attached to a piece of string or yarn and hung for a very young baby to look at. When, at about four months, babies begin reaching for objects, suspend objects so that the baby can try to reach when lying in a crib or sitting in an infant seat.

Containers -- Plastic or metal (be sure edges are smooth) containers of all sizes and shapes can be used for stacking, nesting, putting objects into, dumping things out of.

Sorting Can -- Cut the plastic lid of a coffee can so that only certain shapes and sizes (blocks, jar lids, spoons, for example) will fit through.

Can of Clothes Pins -- Arrange peg clothes pins around the edge of a can. The baby will enjoy taking them off and putting them in the container. Later the baby can learn to put them on the side of the can.

Hidden Objects -- With the baby watching, put something in a paper bag or box or under a diaper. See if he will try to find it.

Play and Learning[1]

The implication that playtime is a distinguishable part of the day in a group program for babies is misleading.[2] On the contrary, play, learning and exploration are interwoven in the baby's total experience; thus virtually every chapter in this manual is in some way concerned with play. This chapter is about babies' activities and the caregiver's role in the baby's learning, exploration and play at times other than during maintenance routines, for example, feeding, diapering, getting ready for a nap or changing clothes. There are discussions of several general guidelines relating to all play, and detailed discussions of social play, involving adults and babies together, play materials. A brief consideration of babies playing with other babies is also included in this chapter.

The definition of play in the first years of life must be broad, for play encompasses a wide range of encounters with the physical and social worlds. In this manual, play includes any spontaneous pleasurable interaction with objects or people. Play can be almost anything: trying to climb into a rocking chair, exploring the construction of an infant seat, crawling over a big floppy pillow, watching what is going on in the room, beating a pot with a spoon, feeling another baby's toes, smiling back at a caregiver, clapping, building a tower of blocks, examining a worm in a sand pile.

Although babies, like older people, learn much by watching and listening, one of the most important features of play at any age is that much of it should be active. The quality of an infant's early play experiences,

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[1] Taken from A Good Beginning for Babies, Anne Willis and Henry Riccuiti (Ithaca; New York State College of Human Ecology, 1974).

[2] The basic principles in this discussion of babies' play apply to toddlers as well.

including both active exploration with hands and feet as well as quieter visual exploration, is critically important. Early play experiences affect a baby's well-being and later development, because more advanced and complex skills are built on these early basic ones. Play experiences in the first years are the groundwork for curiosity about the world and positive attitudes toward other people. The beginnings of a sense of mastery and self-confidence come from such experiences. These beginnings are the goal for play in the first years of life.

Most of the many ways of categorizing play experiences are somewhat artificial because they isolate components of play. The following examples of play activities fit into several categories simultaneously and include both active and quiet play, indoor and outdoor activities:

(1) Social interaction -- sitting with the caregiver and watching her face as she talks or sings, "talking" to her, looking and smiling at a baby nearby, playing "Give it -- Take it Back" with a caregiver or a baby, communicating by pointing and babbling.

(2) Language activities -- listening to the caregiver talk, babbling and cooing, saying long series of "da-da-da's," matching a word that the caregiver says to an object (getting the ball from the toy shelf when the caregiver says, "Where is the ball?").

(3) Perceptual-cognitive activities -- searching for a missing object, exploring the room visually, feeling the wind outside, looking for a dropped rattle, "reading" a book with the caregiver, putting a shape through the correct slot in the sorting box, listening to the birds.

(4) Large-motor activities -- crawling, walking, learning to sit alone, climbing, chasing or being chased by another baby.

(5) Small-motor activities -- reaching, grasping small objects, playing pat-a-cake, stacking blocks, putting something into a container, putting together a simple puzzle.

Social play, or the opportunity to interact pleasurably with adults in a variety of ways, is the single most important kind of play. Through it, the baby learns that other people are trustworthy, responsive, and fun to be with. Even the most colorful, most enjoyable, most educational play materials cannot, by themselves, provide the experiences that are gained from being with other people. Although it is important for babies to learn to be independent, to be comfortable exploring the world by themselves, using play materials as a substitute for social interaction must be guarded against. Interesting play materials, thoughtfully chosen, can encourage interactions with other people and can also provide occasions for exploring and learning alone. The caregiver, therefore, functions in two ways. First, and most importantly, she interacts directly with the baby, initiating play and responding to the baby's overtures; second, she sets up the physical environment in which the baby plays and gives him or her opportunities to explore and discover.

Play and Learning as Natural Experiences

Part of our definition of play is that it is enjoyable. To meet that description, it must be baby-centered, not activity-centered. Formally structured curricula sometimes emphasize activities rather than babies. Curricula frequently fail to consider individual differences in the capabilities and interests of babies of the same age. There is nothing

inherently wrong with planning activities, but more than a list of activities is necessary for a good program. By curriculum we do not mean a set of prescribed lessons. A curriculum's main purpose is to provide teachers, caregivers or parents with a rationale for doing what they do with babies. In that sense, a set of beliefs about what young children are like, how development occurs in the first year constitutes a curriculum. The twelve principles forming the core of this manual, therefore, represent the basis of our curriculum.

A child, whatever his age, brings to the play situation certain capabilities, interest and an unbridled curiosity about the world. Those people who plan and participate in play experiences with babies, whether as parents, caregivers or infant educators, should be concerned with nourishing these existing and emerging interests and competencies. Primarily they should encourage spontaneous and natural play. Spontaneous and natural play is preferable to artificially scheduled activities or exercises designed to speed up normal development. This does not mean babies should be left entirely on their own to provide themselves with the play experiences they need. Rather, it means that caregivers should encourage play as an integral part of the infants' daily experience -- a spontaneous and natural interaction with the world.

Babies' interests will, and should, determine their activities. For example, young babies do not need special exercises to experience viewing objects from different perspectives. In the natural course of each day, that happens frequently. On the other hand, it is important that caregivers be aware of visual following as an emerging skill in young babies, so that they can identify the opportunities they are providing for the baby to practice it. Babies sometimes seem to become obsessed

with a particular kind of play, usually an emerging motor skill. A baby learning to crawl, for instance, may be interested only in crawling for a few days. Not even the most attractive toy will dissuade the baby from this activity, and he or she should be allowed to pursue this interest. Similarly, babies who have just learned to walk may spend several days practicing. When they discover that they can walk and carry an object as well, these two combined skills may require another block of time while a child is engrossed in the absorbing, self-imposed task of walking and carrying.

General guidelines, made meaningful with specific examples of age-appropriate activities, information on how babies develop in the first years of life, and help in becoming aware of the particular styles, interests and competencies of individual babies are the best way to sensitize people to play effectively with babies.

Normal Development and Individual Differences

The assumption implicit in this discussion of play is that caregivers have some knowledge of early development and, therefore, a sense of what kinds of play experiences are appropriate for babies at different developmental levels. If they are to be sensitive to emerging capabilities in the babies, caregivers must know about the usual order of developmental changes. It is equally important that they are attuned to individual differences in interests, capabilities, and styles of play among babies of the same age.

During the first year of life many changes occur in the way babies interact with the world. Caregivers must adapt to these changes, both in selecting play materials and in interacting with the babies. For instances, a very young baby enjoys and learns from being placed in a spot to see what is going on in the room. Long before a baby is mobile, even

before he or she can reach for and grasp objects, a baby is exploring by looking and listening; a good vantage point gives him the opportunity to follow people visually, to associate sounds and their sources. A sensitive caregiver will put a two- or three-month-old in a good vantage point much of the time.

In general, the older a baby is, the easier it is to know how to play with him or her. The baby becomes more a participant and less an observer. As babies grow older play usually becomes more an exchange between two people and less a presentation by the adult. As a baby gets older, he becomes more capable of entertaining himself, but he may not choose to do so. When caring for a group of young children of different ages, caregivers should be aware of this; the tendency might be to spend more time than is appropriate with the older babies.

Play with younger babies usually needs to be more deliberate, more carefully planned, than that with older babies. Younger babies, who have less understanding and experience than older babies, need play with some protection from large numbers of disturbing, unexpected events. To draw a nine-month-old's attention to a ball, for example, the caregiver needs only to hold it up and call the baby's name. If interested, the baby will reach for it or crawl over to get it. With a two-month-old, the caregiver may need to put the ball in the baby's line of vision, move it slowly and regularly and perhaps talk to the baby to draw attention to the object.

Stability in the General Environment

If a baby is to have the kinds of play experiences discussed in this chapter, there must be a reasonable consistency in the people, the

physical set-up and the routines that make up his daily experience. In other words, there must be a sense of stability providing a secure background for the day-to-day variations that naturally occur. This is one way in which the issue of an appropriate balance of variety and sameness in the environment, Principle 4, is relevant to a discussion of play.

This background stability facilitates play in two ways. First, interaction with a warm, responsive adult who knows the baby is the single most important factor in a baby's play. An adult must spend a lot of time with a baby in order to get to know his or her style, interests, and competencies. The second role a predictable, secure environment plays is that of freeing the baby to explore, to be curious, to get involved in play. If a baby must react and adjust constantly to new caregivers, new babies, new routines, new equipment or room arrangement, he or she will spend all the time coping with these changes. It is difficult for a baby to feel secure in an environment where the major predictable aspect is that there are many and frequent changes. Having the same caregivers, keeping the composition of the group of babies somewhat stable, carrying out routines in somewhat the same way each day, having caregivers react similarly in disciplining babies, using the same verbal labels for familiar objects are factors contributing to consistency.

Sameness and Variety in Daily Activities

A second consideration about the appropriate balance of sameness and variety is: How is the baby spending his or her time in the program; what variety of opportunities for play is the caregiver providing? In the discussion about environmental stability, sameness referred to consistency in the overall setting as a backdrop for good play; in the present

context, sameness means doing the same familiar activities as opposed to doing something new and different. Play should be a combination of exploring new objects, practicing new skills, meeting new challenges and enjoying the ease of using a skill already mastered, the comfortable feeling of re-exploring the familiar.

It is easy to overlook the value of repeating or reviewing the familiar in consolidating old skills and acquiring new ones. What sometimes appears to adults as boring, repetitious activities may be, to a baby, an event that cements skills recently acquired. An eleven-month-old may spend ten or fifteen minutes putting objects into a can and taking them out again. A sensitive caregiver will know the importance of this activity and will not interfere to change it.

In motor development, especially, babies seem to need time to consolidate new skills after initial learning. It is as though after practicing and working hard, the baby takes great delight in a new accomplishment and wants to spend time doing it over and over. Also, babies who are learning a new skill in one area may need the security and self-confidence that comes from doing other easy, familiar activities. A twelve-month-old struggling to walk may spend much non-walking time cuddling stuffed toys or banging blocks. He is making good use of resting time.

Babies differ greatly in both their ability to adapt to change, and in how much variety and novelty they need to stay interested and happy. One baby, for instance, will adapt almost immediately to the change from vigorously jumping up and down on the caregiver's lap, laughing and talking, to being quietly rocked and sung to. This baby settles down quickly, seeming to enjoy the contrast. Another baby will need a much more gradual

transition from jumping to quieter activity. Sensitive caregivers adjust, according to the baby's needs, the way they interact with a particular baby.

The best guide to how much sameness and variety are appropriate in play is the baby's own reactions. If a baby seems bored, disinterested, uninvolved, fussy, then perhaps new opportunities should be provided. The available toys might be too difficult and therefore frustrating, too easy and therefore boring, or appropriate for his or her developmental level but uninteresting because they are not novel. If caregivers put toys away for a time, when they are brought out again, interest in them may be renewed. Similarly, rearranging the furniture can create new areas to explore. A baby needs choices in play activities, but if he is distractable, fussy or unable to settle down to an activity, it may mean that he has too many choices. It is a difficult job for the caregiver, especially when she is playing with a young baby, to keep pace with the baby's short attention span, to drop what she thinks should be an engaging activity because the baby is telling her "not interested." And, although the baby's level of involvement and mood are the best cues about the appropriate balance of sameness and variety, if the caregiver is tired of presenting a particular toy or playing peek-a-boo, it is probably time for a change.

Caregivers must make judgments continually about when to introduce new experiences. A good general guideline is: if the baby appears to be getting something out of an activity, in terms of his repertoire of competencies, then there is no need to change or add activities. For example, a four-month-old trying to seize a slowly swinging toy should be allowed to pursue this activity, and given help if frustrated. This

baby is actively improving his skill in visually guided reaching. But, a four-month-old who continually looks at a mobile or design that is out of reach probably is not spending time constructively. This baby is capable of doing much more than simply staring at an interesting object.

Caregivers should be especially aware of how younger babies are spending their time. Appropriate variety in stimulation, perhaps, changing a baby's position -- turning, sitting up, or moving a baby from crib to floor is important. Older babies, especially as they become able to sit up and move around, have some control over the amount of sameness and variety in their day. In the day care environment, there will probably be many choices of activities, some novel, some more familiar.

As caregivers think about introducing appropriate changes, it may be useful to view changes as belonging to one of two categories: first, those suggested just for the sake of variety, to prevent boredom; second, those designed to stretch the baby in some way, to present a challenge.

The Importance of Challenges

Providing sameness and variety in a baby's daily play experiences can be seen as offering the opportunity to consolidate and to stretch. Stretching experiences, or challenges, occur any time a baby is confronted with the opportunity to do or understand something that demands cognitive, motor, social or communication skills not yet mastered completely. Challenges may also be viewed as problems to solve. Many challenges occur naturally, but caregivers should be sure that appropriate challenges are a part of daily play experiences.

If a challenging activity is to serve the purpose of encouraging the baby to develop a new skill, it must be based on what he already knows or can do. Development proceeds in an orderly way; new skills

are based on old ones, complex behaviors come after their simpler components. Babies should not be rushed but should be given the opportunity to master new skills at their own rate. For example, as soon as a baby has mastered a form board with circles, removing that immediately and introducing a more difficult one with squares and triangles denies the baby the pleasure of using a skill already mastered as well as the practice needed to consolidate the skill. Similarly, a caregiver would not introduce variations of an activity while the baby is mastering it. For instance, in the same play session, a caregiver should not introduce the baby both to stacking blocks and to inserting them in a sorting box. Similarly, if she were trying to teach an eight-month-old to pat-a-cake, she would not introduce waving goodbye in the same play session.

Any experience that taxes the baby's emerging understanding of how the world works is a challenge. Problems to solve permeate every aspect of daily experience. A few examples of the challenges that occur naturally in a rich environment are:

(1) Struggling to get the eyes to follow what the hands are doing (at three or four months).

(2) Learning to let go of objects, to drop them (at seven or eight months).

(3) Trying to reach for an object that is just out of reach, to sit up, to crawl, to stand, to walk, to climb.

(4) Trying to achieve a certain arrangement of physical objects, for instance, stacking one block on top of another or putting a smaller can inside a larger one.

(5) Finding a ball that is not located where it was expected to be.

(6) Learning to tolerate mother's leaving.

(7) Trying to match a word given by an adult with an object.

These situations, and many more like them, when presented with appropriate support, at the right time to a responsive baby increase the baby's repertoire of skills and his or her pleasure at tackling new experiences.

Many social challenges involve encouraging the baby to communicate. A growing experience is possible each time a caregiver creates a situation requiring problem-solving and communication, any kind of initiative on the baby's part. There are numerous opportunities for growing experiences, but it takes a sensitive caregiver to see them and to be willing to use the extra time and effort to carry them out. Here is an example of this kind of caregiving.

A twelve-month-old is fussing, and the caregiver knows that she wants her bottle, that is sitting out of reach in the middle of the table. The easiest thing for the caregiver to do is get the bottle and give it to her. Instead, she asks, "Dena, do you want your bottle?" She waits for Dena to respond by looking at the bottle. When she does, the caregiver moves the bottle to the edge of the table, giving Dena the opportunity to reach up and get it for herself.

Challenges exist in all areas of the baby's experience. One general area includes any experiences that violates the baby's expectations about an event. This occurs in interactions with both people and with objects. For example, many social games adults and babies play involve repeating an activity, building up an expectancy, and then doing what is not expected (for instance, in peek-a-boo or hiding games). A caregiver tickles a baby's tummy several times, each time holding her hand playfully so the baby can see it. The laughter from the baby typically increases when

the caregiver shifts suddenly, after several times, to tickle his or her foot instead. In routines, the baby comes to expect things to happen in a certain way; he or she has to cope with changes and delays. Toys often violate expectations, especially when they no longer work the way they used to.

Social Play: Adult and Baby Together

The recent emphasis on infant education and early cognitive stimulation has resulted in increased attention to toys and their educational value. This trend has worked to encourage people to think more about the quality of experience for babies. There is some concern, however, that this emphasis on play materials has led to a de-emphasis of the importance of social interactions between infant and adult. Toys cannot be a substitute for being with people.

Social interaction with an adult has many benefits for the infant. A baby is learning that he or she is special when the caregiver is offering all her attention. The baby is learning to trust other people, and is building a positive attitude about being with them. Participating actively in pleasant interactions with adults also helps a baby to develop social competencies, to learn appropriate ways of getting attention. For instance, a smile usually brings a smile in return, or, more generally, that if an interest or a need can somehow be communicated, it will usually get a response. Social mastery is as important as mastery of developmental skills used with inanimate objects. A social situation offers many opportunities for both kinds of mastery.

In a group program caregivers must have time to spend with individual babies, alone. Such times occur during feeding, or diapering routines,

for instance, but additional one-to-one time should be incorporated into the day. This is one of the best opportunities for caregiver and baby to get to know one another. Many babies, and all caregivers, need some time away from the group. If possible, there should be occasions for the caregiver and baby to leave the room together to play alone or go on an excursion. Too, some babies play better, or differently, away from the group, and this time together offers the caregiver a chance to get a better picture of the baby's skills.

There are ten general guidelines for effective social interaction between adults and babies:

1. Play involving adults and babies should be interactive or reciprocal. This means each person influences the other; each at times initiates social contacts; each responds to the social approaches of the other. Even in the first few weeks of life, babies find faces and people among their most interesting experiences, and they are responsive to adults' social approaches. Fussy babies will often quiet when they are held. They become very still as they listen to someone singing or talking, and they smile and coo contentedly when touched and talked to. Caregivers should be aware that early in life babies can initiate social interactions, and respond appropriately. Looking at the caregiver's face, visually following her around the room, smiling, reaching for her finger are some of the baby's first social behaviors. They often result in social reactions from adults. As babies get older, their social initiations as well as responses become more obvious, but they are no less important. Any positive social initiation by a baby merits a reaction. It is never appropriate to ignore intentionally an overture of this kind from a baby;

for example, by refusing a block being offered, ignoring a smile or a wave, or not answering a babble.

In order for an interaction to involve both the caregiver and the infant, actively, the caregiver must be careful not to overwhelm the baby with her own activities. Rather, she should create opportunities for the baby to respond and encourage responses by showing pleasure or by responding in turn. For example, a caregiver helping a baby stand up from a sitting position does not repeatedly pull the baby up to standing by his or her arms and sit him or her down again. She might do this a few times, then wait to feel the baby pushing with his or her legs, or trying to pull up by holding on to her. Playing is not something done to babies, it is done with them.

2. Caregivers must be sensitive to cues the baby is giving them and adapt the play accordingly. The most valid clue that an activity is successful is the baby's response. If a baby is happy and interested, it will show. If the baby is not interested, the caregiver is unlikely to enjoy the play, and she may thus discourage the baby from interacting further with her or the toys. She must note signs of interest such as cooing, reaching, smiling and signs of disinterest such as turning away or fretting; she must know how to judge these reactions in individual babies. For example, not every baby will squeal and laugh gleefully when the caregiver puts a diaper over his face for a game of peek-a-boo. Some will, but others who may be enjoying the game very much, may only smile slightly. One good cue is whether the baby, if he or she has the ability, helps in the play. That is, a baby who is smiling very little but is working hard to get the diaper back over his or her face after pulling it off obviously wants to continue the game.

Generally, caregivers should pursue an activity only if the baby seems to be enjoying it. If she thinks that the baby is not really paying attention or giving it a chance, she may persist for a short time, but when the baby has tried it and still shows minimal interest, she should stop and turn to something else.

The baby's general mood and behavior will suggest the most appropriate kind of play. A fussy baby beginning to get tired or a baby at loose ends near going-home time might enjoy a close, quiet time with the caregiver learning to play pat-a-cake, looking at a book, singing or talking. Some toys or activities could be saved especially for times like these. It was mentioned earlier that babies sometimes become obsessed with an activity and should be given the freedom to pursue it. Caregivers, perceiving these interests, should provide appropriate activities. For example, a baby who is mouthing everything should not be given a lot of play materials that are not suitable for chewing; that would be more frustrating than fun. Stackers need objects that stack, mouthers need toys to chew on, climbers need equipment for climbing.

Another aspect of adaptability is that the caregiver should be able to drop her own plans and expand on variations in the activity the baby initiates. For example: a caregiver has a nine-month-old boy in her lap and is helping him learn to pat-a-cake. He claps his hands together enthusiastically for the the first two lines of the verse, but instead of "rolling it and patting it", he begins to pat his cheeks, then his knees. A baby-centered caregiver will see this as an initiation, a creative variation by the baby, and will drop pat-a-cake at least temporarily and begin imitating the baby, perhaps expanding on his variation by saying cheeks and head and hands as he touches them. Caregivers must guard against getting so wrapped up in an activity they have initiated

that they forget the baby. For instance, if a caregiver is rocking a baby and singing to him, and he begins to coo she might stop singing to respond to his vocalizations.

Play is often used as a pacifier to quiet a fussy baby by distracting him. Some babies need only to have their attention diverted when they are distressed, while others need to be soothed before they can get involved in play. If a caregiver introduces an activity and the baby continues to be fussy, she may find another approach more helpful.

3. Interactions between adults and babies should involve many different ways of communicating. Communicating includes looking, talking, moving, holding, rocking, touching, singing, smiling, and laughing. Especially with younger babies, the interaction should include a lot of close physical contact. Babies at any age need physical closeness, but very often older babies are too busy to spend long periods of time being held and rocked. Also, older babies are better able to let adults know more directly when they want to be held. In general, the appropriateness of certain kinds of interactions will depend on the developmental status and style of the baby.

4. Language plays an important role in social interactions with babies at any age. Just as the human face is one of the most interesting objects for even a very young baby to react to, so the human voice plays a large role from the beginning. Very young babies enjoy being talked to and sung to long before they can understand words, and they learn much from this. Caregivers should therefore spend a lot of time talking to the baby and responding verbally to their early vocalizations. Conversing with a very young baby may feel slightly artificial in the beginning,

but this feeling is soon replaced by pleasure at the baby's positive response. Caregivers should talk with even very young infants in a sensible and natural way, not "talking down" or using an excessively simplified kind of baby talk. Thus, the infant is exposed, from an early age, to the ordinary language of adults; at the same time the caregiver will not need to change her language drastically as the baby gets older. Playful imitation of babies' babbling and cooing sounds, however, should also be encouraged. These early playful encounters encourage vocalization and social responses.

Using children's books is a particularly pleasurable way to combine talking and other ways of communicating with a baby. A caregiver who holds a six-month-old baby on her lap and talks about the pictures in the book they are reading together is doing many good things at once: she is holding the baby, she is giving the baby all her attention, she is interesting the baby in the bright colors and shapes in the book, and she is talking to the baby.

With babies in the first year of life, language is used in four ways: (1) as an interesting and unique source of stimulation, (2) as a means of soothing and comforting, (3) as a way of communicating feelings, (4) as a tool for giving and receiving information. The first three uses of language apply from the first few weeks of life on. Children begin to understand language before they begin to use words and talk themselves. Therefore, the use of language as a tool for giving and getting information should be a consideration for caregivers when babies are around six months of age. This is when it becomes very important that caregivers label familiar objects and activities in their natural conversations. By the time they are around a year of age, babies have begun

to associate names with familiar objects. To encourage this learning, numerous games can be played with caregivers asking the baby to find an object named. Sometimes babies will respond by only looking in the right direction, making no attempt to point to or approach the object. Caregivers should note this visual response too, and praise it warmly.

Babies will be encouraged to communicate verbally if their early attempts are responded to. Often the babies' early words bear little resemblance to standard English. It is frequently a challenge for caregivers to discern what the baby means by a particular conglomeration of sounds, but discovering that the baby is using his or her own word consistently and correctly makes the caregiver's effort worthwhile.

5. Interactions should occur naturally. Very simply, the implication of this guideline is that babies benefit from being with adults who show a natural range of affect and emotions. Babies learn emotions partially by imitation. Caregivers are not entertainers, and should not be expected to be jolly all the time. While they may need to modify their negative feelings more than their positive ones, it is not realistic to expect them to be always happily receptive to babies' overtures, and it is important that older babies learn to sense when others may be displeased or impatient.

Social situations also play an important role in helping to learn a variety of problem-solving skills involving inanimate objects. Toys can be seen as tools to set up pleasurable interactions between adults and babies. The value of an adult and baby having fun together with a sorting box, for example, lies partially in what the baby is learning about matching shapes and putting things in, and partially in what he or she is learning about other people.

In addition to these five guidelines, other considerations apply primarily, though not exclusively, to a situation where a caregiver and baby are playing together with a toy or any kind of play material:

6. Adults can help babies learn new ways of mastery. This principle is tied closely to the earlier discussion of challenges. New ways of mastery, finding the solution to a problem, discovering a different way of doing something familiar, is often the result of appropriate challenges provided either in materials or in demands for social and communication skills. From her knowledge of the baby, developmental level, competencies and style, the caregiver will know the level of challenge to which he or she will respond best. She may decide, for example, that making a particular situation easier will encourage the baby to work harder. If a four-month-old girl, lying on her stomach, is reaching out for a colored block that is about six inches beyond her reach, the sensitive caregiver will move it closer so that she will have a better chance of grasping it. In the same situation with an eight-month-old, the caregiver would be less likely to move it closer if the baby was beginning to show an interest in crawling. There are numerous ways for the caregiver to give help, but she should give as little help as she must to still maintain the baby's efforts and interest and show her approval. As much as possible, the baby should master the situation, not baby and caregiver together. For instance, in helping a baby to learn that pulling a string attached to a toy will bring the toy closer, the caregiver would pull it only part way, encouraging the baby to do the rest.

Caregivers can also demonstrate ways of mastery and thus capitalize on babies' ability to learn through imitation. Demonstrations should not be overdone, however. The object is to encourage the baby to be curious, to explore and discover the world himself. The caregiver can

suggest variations at an appropriate time when interest is waning. For example, she might show an eleven-month-old that the blocks he or she has been mouthing and hitting together will stack nicely, or that they can be put inside a coffee can and dumped out again.

The caregiver's reaction to a baby's activities can either encourage or discourage him. Praise should be appropriate, not a standard reaction to everything the baby does. By showing pleasure in a baby's efforts and accomplishments, the caregiver is encouraging play. In many situations her enthusiasm and enjoyment may be much more valuable than any specific help she could offer. A baby can detect the approving tone in a caregiver's voice long before understanding what "good" means.

Caregivers help babies learn new skills by setting up appropriate situations and participating in them. For instance, a caregiver can do more than assume that a three-month-old baby has the opportunity to follow moving objects. When a baby is receptive, the caregiver might hold a brightly colored ball in front of the baby and move it slowly back and forth, up and down, and in an arc; or she might move the crib around so the baby can follow her visually. A baby will typically stay with an activity longer when the caregiver is close by, so by being there she may be encouraging the baby to work hard.

Emphasis is placed in this chapter on babies making choices in play, having freedom to explore and pursue their interests. Supervision is another role of the caregiver in playing with a baby. That is, some toys that would not be safe for a baby to play with alone can be used effectively when a caregiver is nearby and watching. For instance, a styrofoam egg carton has an interesting shape and feel, and blocks can be fitted into it nicely. But, it is edible; a baby who is likely to try to eat it cannot be trusted with it alone.

7. In presenting new play material, for a time, a caregiver should let the baby discover and exploit it as he or she wishes. The caregiver's role is to facilitate the baby's interest and learning, to foster curiosity and exploration, not to direct activities. She lets him discover and explore first, then the caregiver may show the baby other ways to play. This does not mean that the caregiver is involved in a baby's play with a toy only when he or she is not interested alone; she may be with the baby, aware of what he or she is doing, showing pleasure and responding, while the baby is doing most of the work. Babies should have the fun of discovering what can happen when they act in the world: that a mobile dances to its own music when hit; that pulling a string attached to a truck will bring it nearer; that moving one's body a little bit to get a block just out of reach is hard work but worth it. Figuring things out for oneself, solving problems, working long and hard to accomplish a goal is rewarding, even for babies. This emphasis on the importance of self-discovery does not, of course, imply that a caregiver should let a baby play for a long time with a closed jack-in-the-box without showing him how to open it.

8. Caregivers should be aware of variations in play initiated by the baby and follow them up. The caregiver must forget pre-conceived ideas about the "correct" way to play with a particular toy. The baby's curiosity and initiative in exploring is a far more valuable learning opportunity than doing it exactly as the toy instructions state. Sensitive caregivers very rarely say "no" in play, except when the baby might physically harm himself or someone else.

9. Caregivers should encourage babies to persist, to work hard in trying to achieve reasonable goals. Appropriate challenges are those activities that are difficult for a baby, at a certain point in his development, to complete successfully, but are possible. The caregiver's role is to provide such challenges and to encourage the baby to work hard at them. She should intervene with help before the baby gets upset and quits, but not before he has wrestled with the problem. Knowing what that point is for each baby is the result of attentively watching him play over a period of time. Often it is difficult for a conscientious caregiver to understand that leaving a baby alone can be good caregiving, but babies learn from tackling a problem and working hard at it, from trying to figure things out for themselves.

Consider, for example, a twelve-month-old boy who has managed to climb, with some effort, into the lower shelf of a cabinet which has been emptied just for that purpose. He is pleased with himself, but the quarters are cramped, and he has some trouble turning his body around in the small space in order to climb out. He whimpers. The caregiver, seeing that he is making progress, encourages him by saying, "That's it, Robert -- you're doing a good job." She does not immediately turn him around or take him out. He works again, and when he finally gets out, the caregiver lets him know clearly, by her tone and words, that he has just worked very well in completing a hard job. She has encouraged him to finish, and thus let him discover that he is a competent person who can solve problems on his own. Because of their relationship, he also knows that if the situation had been more difficult, more frustrating, he could have counted on her help.

Giving just the right kind of help in just the right amount at the right time is superlative caregiving. It is a goal to be worked toward

constantly. For one baby, moving a toy that he or she is trying to reach just a bit closer gives him the incentive to keep working; for another baby, the caregiver might decide to put the toy well within reach this time, let the baby hold it for a while, and then later move it further away. When the caregiver intervenes in such situations, she typically makes the activity easier: she gives a boost to a baby trying to crawl into a rocking chair; she demonstrates an easier way to climb by placing one knee up on the chair and showing a baby how to hold on; she shows a twelve-month-old trying frantically to put a square block through a small round hole in the sorting box that the square hole is for square blocks, or, if the caregiver thinks it more appropriate for this baby's developmental level, she may demonstrate how to lift the lid and drop any block in easily.

Caregivers need to remember that babies may have valid reasons for stopping an activity; they may be tired of it, or the activity may be too difficult for them. Caregivers should not persist in trying to regain the baby's interest if he or she is showing signs of lack of interest. Too, caregivers should not be overzealous in providing challenges and encouraging persistence; it is valuable for babies to practice already mastered skills, to do easy and familiar activities.

10. Each baby has an individual style of playing, and the sensitive caregiver adapts her style to each baby. Some babies need no introduction to toys; they move right in, begin to explore and get very involved by themselves. The world is there to be touched, tasted, explored and exploited. Other, more cautious, babies may need more support from an adult and benefit from being shown various possibilities for play. These babies frequently use their eyes, rather than their hands, to explore, even when they are older. These two groups can be termed the "actors" and the

"watchers." Both ways of learning are good; respect for these individual differences supercedes any goal of having all babies become active, inquisitive explorers.

The best way to know how to play with a baby is to watch him or her. The more active explorer may need relatively little guidance in play. The caregiver's role may be primarily sitting with, talking to and responding to this baby about his or her activity, reacting to, but not distracting him or her. A baby with a more passive approach requires a more active role by the caregiver. She has to demonstrate possibilities, set up attractive play situations to involve this baby, and choose activities that will not be frustrating but rather very reinforcing. She must be relaxed in playing, and very careful to stop or change activities when the baby indicates lack of interest.

Play Materials

The caregiver's role in babies' play is a double one: she is an interactor who participates directly in play with babies; and she arranges the physical setting that can either facilitate or impede play. This section is concerned with the second function.

The guidelines relating to the setting in which babies play and the materials they play with overlap those discussed in the preceding sections on social play. The setting and the materials used significantly influence the kinds of social situations that arise. Play materials should be chosen carefully; babies do not primarily learn by being given information verbally, but by watching and interacting.

The setting in which play happens is as important as the play materials themselves, because the arrangement and size of the play room,

the caregiver's activities, and the way routines are carried out affect the babies' opportunities for play. Other sections of this manual treat these topics more thoroughly. A safe, secure, comfortable setting, where babies are free to choose and explore and experiment must be provided before toys can be considered. The term play materials refers not only to commercially made toys, but to materials in the home that are safe and interesting for babies. An empty box, a pot with a lid, a coffee can or plastic refrigerator containers are ready-made creative play materials. Such toys also have the advantage of being familiar objects used by adults in the real world.

The following guidelines apply to the selection of play materials and their use by babies alone or by babies with caregivers:

1. Toys should encourage action. Good play materials are not designed simply to entertain. To help babies learn, toys must elicit their active involvement. There are many entertaining toys on the market that demand very little participation by their users. For example, a current popular toy is a television-music box with moving pictures. The dial that must be turned to wind the toy cannot be turned by a one-year-old child. Even very young babies are interested in the toy, because they enjoy looking at the moving pictures and listening to it, but for babies over six or seven months, it would be a better toy if they could operate it themselves.

2. Play materials should respond to the baby's actions. By doing something with an object, a baby should be able to make something happen. Responsiveness in toys helps older babies learn something about cause and effect relationships, and leads to mastery. The ability to control

parts of one's world is something babies can begin to appreciate at a very early age. By the time a baby is able to use his or her hands to interact with the world and act on it to bring about changes, the baby has had experience in eliciting responses from people: someone usually comes when you cry, talks back if you "talk." It is important that caregivers consider the developmental level of each baby and provide responsive materials. For example, a caregiver would not hold up a one-inch block for a four-month-old to grasp, but rather an eight-inch brightly colored ball. In selecting rattles for a three-month-old, she would reject a white rattle with a muffled sound in favor of one that was brighter and made a more noticeable sound. For a six-month-old she would hang, within his reach, a box with a handle on a string which, when pulled, made music.

3. <u>The responsiveness of toys and play materials should be natural rather than gimmicky</u>. As toys, cribs, playpens, and other equipment become increasingly automated and electronically operated, it is possible to arrange a baby's world so that almost any action will make some kind of interesting external change. For example, a three-month-old's leg kicking can be made to turn on a colored light, start some music or bring into view some plastic birds in a crib mobile overhead. We see no advantage, however, in providing infants with experiences of this kind. On the other hand, there is much advantage in giving the infant opportunities to produce changes in the environment by actions which can plausibly produce such outcomes in real life situations. For example, shaking or banging objects often produces interesting noises; turning an object over and over and inspecting it gives many different views of the surface; squeezing a soft object may produce interesting changes in its shape, as well as a funny squeak; dropping a block through a small hole so that it disappears and

then waiting for it to reappear at the end of a chute can be an amusing game. These are illustrations of play materials which are responsive in a natural way to the child's actions and manipulations.

4. A quality program includes both toys that encourage social interaction and those that can be used alone. Since babies need to have some time alone, the room should be set up so that babies can spend time safely and constructively on their own. This again implies consideration of safety in room set up, the provision of a variety of age-appropriate toys and sufficient physical space that babies have the freedom to pursue an activity alone; that is, with some protection from interruption by other babies. While all toys should not require the participation of another baby or adult, there should be some toys for that purpose.

5. Toys should be chosen and placed with the aim of channeling babies' efforts to using emerging skills, while giving them choices in pursuing their own interests. Caregivers encourage babies to choose their own toys, for instance by placing them on a shelf that is accessible even to crawling babies; but, with the kinds of toys that are made available, they may want to direct babies' efforts toward using new skills. An example given earlier in a slightly different context applies here: stackers need objects to stack; mouthers should have a choice of objects that are safe to chew on; climbers need climbing equipment. Appropriate challenges for babies to work on can be provided by the kinds of toys in the setting. For example, a baby who has just learned to place a round piece in a form board should have access to that material as well as to the more difficult form boards requiring placing squares or triangles.

The baby's involvement and enjoyment are a good gauge of the value of an experience. But, it is not enough to say that babies should be left with an activity as long as they are content. The four-month-old mentioned earlier who might be content to spend most of the time looking at complex visual patterns needs also to be attracted to an activity that demands use of the hands.

One way to encourage babies' emerging interests is to provide reasonable alternatives to certain activities. For instance, a baby who has been looking at a book with a caregiver may show an interest in looking at and handling the book. Most books are not sturdy enough to withstand being read alone by babies, but an old wallpaper catalog is ideal for that purpose.

6. Play materials should lend themselves to a variety of uses. In setting up a program, caregivers should select toys with a range of uses. The obvious example of this is a set of small colored wooden blocks. They can be looked at, reached for, banged together, mouthed, tossed, stacked, hidden, put in containers or dropped. Contrast the number of uses for a set of blocks with that for the music box television mentioned earlier.

Around twelve months of age, babies become very interested in putting things inside containers, so a quality program would offer many opportunities for this. Also around this age, babies are beginning to be able to judge many similarities and differences. A wise caregiver, considering both of these interests, might give the baby two coffee cans, some large and small blocks and encourage him or her to separate the big ones and the small ones. This gives the baby the opportunity to use these emerging skills, an opportunity that might be missed if given only

a single can filled with a random set of blocks. Toys like these elicit creativity and involvement rather than restricting activity.

A baby has an ever-increasing repertoire of things to do with and to objects. Very early a baby mostly looks, then can bat at objects, then reach toward them shakily, then grasp with both hands; eventually he or she can sit up, pass objects from hand to hand, hold two objects at once, combine two objects in play, move around, grasp smaller objects, and manipulate objects easily. The list grows and grows. Play materials should exploit all the abilities a baby has at a particular developmental level. For example, a mobile out of reach is not an appropriate toy for a four-month-old, who is beginning to reach actively for objects.

7. Play materials should provide experience in a variety of ways. Diversity in the kinds of feedback a toy provides is important. For instance, a mobile that makes music when the figures move is giving more kinds of feedback than a silent one. A texture book offers a baby something interesting to touch and feel as well as to look at. A rattle of clear plastic, so that the baby can see where the noise comes from, may be more interesting than an opaque one.

In purchasing toys for a group program for babies, there are several additional considerations:

Safety. Are there detachable parts that could be swallowed? Is it breakable so that there would be wooden splinters or sharp pieces of plastic? Is the paint non-toxic? Are there points that might be stuck in the eyes or nose? Is it safe for use alone, or does it require supervision with some babies? A plastic rattle, for instance, is safe in the hands of a three-month-old, but a nine-month-old who is teething might bite on it vigorously enough to break it.

Attractiveness. It is often difficult for an adult to specify what makes a toy attractive to a baby. A toy that is bright and colorful is much more likely to attract initial interest. Adults should never try to prejudge whether or not a baby will like a certain play material but should offer the opportunity to try it. A baby's initial disinterest or negative reaction to a toy should not be a final judgment. The caregiver may want to put the toy away and offer it again later. For example, some younger babies may be frightened by a toy that makes a loud or sudden noise, like a jack-in-the-box. A few months later the same toy may be of great interest.

Durability. Is the toy made to withstand rough treatment over a period of time? A toy that might last for several months when used by one child may break after only a few days as a favorite toy of a group of babies.

Appropriateness for babies of different ages. Especially if budgets are limited, consider how wide an age range of infants would find the toy interesting. For instance, a sorting box could be used by an older baby for sorting, but the blocks could also be mouthed, grasped, reached for and banged by younger babies. Toys carefully chosen can be used in simple and more complex ways by babies at different ages.

If a toy is fun, that is, if babies enjoy playing with it, then it is not necessary to worry too much about its educational value. At the same time, it is helpful to step back and consider a toy in terms of what a baby could learn from it. The results may be surprising and very useful in guiding the selection of play materials.

Interaction of Babies with Babies

Babies are interested in each other very early in life. Before they

can sit up or move around at all, they enjoy looking at other babies as they lie or sit in infant seats nearby. When babies become mobile, their curiosity leads to pleasant and unpleasant interactions with other babies as they explore each other, sometimes very vigorously. Before the first birthday, though, many babies will begin to interact in a positive social way with other babies. The interaction is not usually sustained for long, but it is not unusual to see a baby trying to get another baby to chase him or be chased by him, two babies laughing together over their own peek-a-boo game or taking turns putting objects in a container. Observing the emergence of these early social behaviors is one of the most exciting privileges a caregiver has. A caregiver sensitive to the babies' interest in each other can help them learn to enjoy one another by setting up and participating in play situations involving two or more babies.

Some babies seem much more interested than others of the same age in playing with other babies. With older children the caregiver's goal might be generally to promote interaction with other children, but at this age the baby's preference should be respected. While encouraging play with other babies for some infants, the caregiver also needs to protect them from each other when they begin to interact in overly vigorous or rough ways.

Babies can begin to learn appropriate ways of interacting with each other long before their first birthday. With consistent guidance from the caregiver, they learn largely by example. Although true sharing comes much later, a caregiver can lay the groundwork for babies beginning to share. For instance, a caregiver might set up a play situation with a toy that requires taking turns, or doing something and then watching the

other person do it, for a brief time. From these brief encounters, older babies may begin to get a sense of satisfaction from playing with someone else. The caregiver can also provide guidance by redirecting inappropriate behavior. For example, a baby starting to pull the hair of another baby has his or her hand taken gently by the caregiver placed on the baby's head and moved across it as the caregiver talks about it. Praise for gentleness and appropriate interactions also helps. Constant use of verbal prohibitions, however, does little good.

Caregivers must be very watchful when babies begin to play together, but they should not hover over them; the presence and attention of a caregiver often impedes rather than facilitates play with another baby. Sometimes babies can work out disagreements over property rights, for instance, and should be given the opportunity to do so. At the same time, however, a baby involved alone in an activity should be able to work at it without interruption as long as he or she wants to and may need a caregiver's assistance in doing this.

The caregiver's role, then, is to give babies the opportunity to interact, for instance by placing younger babies together on a blanket with some toys. When babies are older, she may become a referee, sometimes deciding to separate two babies or to provide an alternative toy for one of them. Teasing is one type of social interaction which she should discourage. Teasing begins surprisingly early, around ten to twelve months. A baby will succeed in taking a toy from another baby, but instead of playing with it, he or she may seem to want to flaunt it in front of the other baby, who inevitably will decide to want it back, even if it was given up willingly.

Having enough space and having the room set up so that babies can sometimes get away from the group is important. A small, cramped room where babies have no choice but to be close to each other most of the time is not conducive to pleasurable interactions. Having enough toys for everyone, with duplicates of favorites, will eliminate some unpleasant encounters.

In summary, most babies enjoy and learn from being with other babies, and a quality program provides opportunities for pleasurable interactions those babies who are interested.

Conclusion

We have offered guidelines for providing meaningful, quality play experiences. This discussion of play should not be taken to imply, however, that the people and the physical environment should be constantly bombarding the baby with play experience. The setting should be rich and exciting, but it should, at the same time, be a relaxed atmosphere with opportunities for quiet time, time alone and time for doing nothing. This is one of the issues considered earlier in the discussion of General Principle 7, babies need protection from overstimulation and disorder. This topic is also closely related to the need for stability and predictability in the people and setting. In the context of the present discussion of play, the question is: "How much is too much?"

In a group program for babies, caregivers must guard against having so much going on, so many things infants will respond to, that babies become distressed or their involvement in activities is decreased.

During all their waking time, however, babies need to have a choice of people and objects with which to interact. Most people find it easy to judge when a baby does not have enough to keep him interested. It is more difficult to judge at what point a baby too many things to react to or with which to interact.

We do not know what the perfect amount of stimulation might be, but, usually, the best guide for caregivers is the baby's involvement and mood. If a baby is easily distracted, fussy or only superficially interacts with toys and people, it may mean that he or she is confronted with too many things, or too much of the same thing. For example, if a young baby sitting on a blanket with a large number of toys picks each one up for a short time and then exchanges it for another without exploiting it, there may be too many choices. In the same way, if a baby is playing busily with a toy and a caregiver keeps offering new ones before the last one has been fully exploited, the baby may quickly lose interest altogether.

Many people think that babies have the ability to "turn off," to ignore stimuli, but the possibility of overstimulation should still be a concern. A baby who frequently has to ignore noise and confusion is also very likely to ignore meaningful learning experiences as well.

Overstimulation is different for each baby. Young babies, for instance, may start, and be upset by loud or unexpected noises an older baby would find entertaining. Some babies are very adept at filtering out irrelevent stimuli and pursuing their own activities; others are more apt to notice everything and try to respond to it. The latter group of babies needs more protection, more quiet time; they tend to be excitable and become very frustrated when their attempts at responding are thwarted. Knowing each baby's style will affect the way a sensitive

caregiver interacts with each one. A day care program should provide daily opportunities for babies to be by themselves, to spend some time doing whatever they want to, thus somewhat controlling the amount of stimulation they prefer.

Earlier in the chapter, in the discussion of Principle 4, the need for a balance of sameness and variety, we said that older babies are freer to create their own balance of sameness and variety than are younger babies. In the same way, mobile babies have more control over the kind and amount of experience to which they are exposed than younger babies have. It is especially easy for caregivers to overload younger babies. A caregiver might assume, for example, that if a baby's main way of exploring is through looking, then the more things a baby has to look at, the better. This is not true. The baby may be overwhelmed with too much to look at.

We have emphasized adapting the social and physical environment to the babies' interests and to their developmental status. We believe that programs can be planned best if children less than twelve to fifteen months old are cared for, at least part of the time, separately from older children. The needs of babies, especially regarding play, change markedly around the end of the first year. Many of the important things babies are learning in the first year of life can be learned from natural events in the environment; learning to differentiate shapes, colors, and sizes; learning that people and objects sometimes disappear and return again; learning that they look different from different vantage points, but are still the same people or objects; learning that adults are trustworthy and fun to be with; learning that some kinds of actions on the baby's part usually have an effect on the people or objects around him; learning that certain words are associated with particular objects and acts. The list is endless.

These kinds of experience are the main content or focus of play and learning in the first year. That is why one of the core concepts of this manual is that, for the young baby, every experience is potentially a meaningful learning experience.

The activities one-year-olds are interested in, the skills they are developing, require more one-to-one play situations with adults than younger babies require. It is still important to take advantage of opportunities for learning that occur naturally; at the same time, however, caregivers should have some more complex and varied learning activities for older babies. For instance, when a caregiver and a six-month-old baby "read" a book together, the caregiver may tell the story, pointing and talking about the pictures. Eight months later, with the same book and the same baby, the caregiver might identify some of the most familiar objects in the book, name them and ask the baby to point to them. She might collect things like the ones pictured in the book and engage the baby in a simple game of matching pictures and objects.

It may be difficult to provide for this kind of experience in a mixed age program where, for instance, two caregivers are caring for eight children ranging from three or four months to fifteen months of age. At around one year of age, babies begin to engage in much more intentional kinds of behavior. They are more aware of what they want to accomplish; they become much more concerned about completing things. Their attention span lengthens and they tend to become very upset if their play is interrupted. At six to ten months a baby involved with a toy often will not mind if it is taken away by another baby. At one year he will. Older babies need the freedom to finish what they begin, to work on tasks uninterrupted by younger babies who cannot understand property

rights. This freedom is difficult to provide in a program which includes babies under and over a year playing together.

Younger babies often are less compliant than older ones. Although they are curious and motivated to learn, their attention span is very short, and it may be difficult for an adult to keep them engaged in an activity. At twelve to fifteen months babies become much more teachable. They are beginning to have some understanding of language, to be able to communicate and to begin to be able to follow simple directions.

Whatever the age of the baby, whatever the setting, the single most important point to be made about play is that it should be fun for everyone participating, caregivers as well as babies. Caregivers should view early play experiences as a foundation for an attitude that larning is fun. There are five major ways in which babies learn that learning is fun: (1) by having their physical and social needs consistently met; (2) by being able to become involved in a variety of pleasurable learning activities; (3) by observing and imitating adults who enjoy learning and show enjoyment in a way that babies can understand; (4) by receiving appropriate help and encouragement; (5) by being praised for accomplishments.

Play, as it has been considered here, represents far more than cognitive stimulation, educational toys, curriculum for development, or baby learning. Play, as we have defined and discussed it, includes elements of all of these. Play is experience. It is a base for developing positive attitudes about the world of people and objects, and for understanding how the world works.

Tony's Day - Overview of a Toddler Program

Tony: Age - 22 months. Siblings: Tina - 4 years old; Nicky - 6 months

Tony, his brother, sister and parents, arrive in New York State in the evening of September 6. The grower, Mr. Bangrove, is not someone they have worked for before but they have heard from friends in Avon Park, Florida that he is fair to his employees and that it is possible to make good money in his apple orchards. Mr. Bangrove has assigned three rooms in a white cement block building to them. The largest of the rooms is the kitchen-living room, containing stove, sink, refrigerator, a few wooden cabinets, a kitchen table and four chairs. Each bedroom contains a double bed which occupies almost all the space. The family will share a central bathroom with two other families in the same camp.

Tony's mother opens two cans of beans for the family supper, but Tony, tired of being cooped up in the car, is more interested in exploring the new environment. He ignores his mother's command to eat and is finally smacked by his father for getting in the way as he tries to install the family's TV, brought along from Florida. Tony wails, sticks his thumb in his mouth and retreats to a far corner of the room, where he continues to whimper ignored by his family. The television begins to work and Tony's father sits in one of the kitchen chairs to watch it. His mother changes and feeds the baby, putting him down on one of the double beds to finish the bottle. Tony, alternately whining and putting his thumb in his mouth, follows his mother, pulling at her slacks as she cares for the baby. As the baby goes to sleep, Tony's mother puts Tony into his pajamas, hands him a bottle filled with Kool-aid, and puts

him on the bed next to the sleeping baby. As Tony goes to sleep his mother tucks Tina in on the other side of the baby.

The family is awake about 7:00 the next morning, breakfasting on leftover beans and coke, except for Tony and the baby who are given Kool-aid. During a conversation in the central bathroom, the mother learns that the day care center bus arrives at the camp at about 7:45; she tells the children that they will be going to school. At 7:45 she takes the three children and joins two other mothers waiting with infants at the turn-around on the camp's dirt road. The young bus aide jumps off the bus, smiling to the waiting group. She puts each waiting infant in an infant bed on the bus next to an older child who will watch the baby for her. Nicky utters no protest as the aide takes him from his mother and asks a few quick questions: what is his name? Does he like anything special to eat? Is he used to baby or table food? Does he take his bottle to bed? Does he have any special health condition or need, such as allergies? The mother answers slowly and briefly, ducking her head in an apparent effort to avoid looking directly at the aide. Nicky is carried into the bus and strapped into an infant seat near the aide. He gazes at his new surroundings, wide-eyed and solemn, but silent.

Next, the aide kneels by Tina, "Hi honey -- what's your name?" Tina hangs her head as her mother answers for her and for Tony. Hearing his name, Tony increases his grip on his mother's slacks and buries his head as far as he can into her legs. Ignoring him for the moment, the aide speaks gently to Tina, "Let's go to school to see our toys huh, Tina? We've got doll babies, and paints, and tricycles. Can you ride a tricycle?" Tina, head still downcast, shakes her head, offering no resistance as the aide takes her hand and reaches for Tony's. "Come on Tony let's go find a book for you to look at." Tony begins to shriek, somehow

managing to hold on to both his mother and his bottle with both hands. The aide stands up, still holding Tina's hand and says to her, "Let's get on the bus and find you a seat, then I'll come back for Tony." Tina, as wide-eyed and quiet as Nicky, allows herself to be led onto the bus and placed next to a little girl of about the same age.

The aide returns to Tony and attempts to pick him up. He increases the volume of his shrieks, holding fast to his mother and attempting to wrap both feet around her legs. The aide hesitates, asking the mother, "Can you come with him today?" The mother shakes her head. "I got to go to work today," she says. The aide sighs. "OK Tony, let's go - we'll see your mother later" she says firmly. The two women free the clutching screaming toddler and the aide carries him on to the bus as his mother turns and walks wearily away. (Tony's reaction to separating from his mother may not be typical of young migrant children, but raises some important questions about how this situation can best be handled. Many observers are surprised that many migrant children accept the abrupt separation process with no protest at all.) Tony screams for the remainder of the fifteen minute bus ride; by the time they arrive at the center he is nearly hysterical and the aide is hot and tired as a result of her attempts to hold him safely and offer brief words of comfort. Her fellow staff members, meeting the bus as it parks outside the center door, size up the situation quickly, offering her quick smiles of sympathy as they greet the other children, but leaving her, as the person most familiar to Tony, to try to work through what is a very unhappy situation for them both.

Fortunately for Tony, the aide who had been on the bus with him is one of the three staff members responsible for the toddler group. Lou

Ann Harris has come back to the same farm for the past three harvest seasons and, after the initial year when her two children were enrolled in the center, has worked as an aide in the toddler program. Each member of the toddler staff team assumes primary responsibility for three toddlers, but this is a flexible arrangement and in situations like this one with Tony, the child is able to remain close to the adults with whom he seems to feel most comfortable.

Tony continues to cry as he is carried off the bus and into the bright cheerful room which is headquarters for the toddlers. While Lou Ann's teammates change the toddlers and put large plastic bibs on them in preparation for breakfast, Lou Ann concentrates on trying to find a toy to interest Tony even briefly. He reaches for a colorful wooden barn filled with animals on the block shelves. Lou Ann sits down on the floor, holding him on her lap, and begins to take the animals out of the barn with him, talking softly to him and explaining gently that the bus will take him back to Momma later. At the word "Momma," Tony, whose sobs have quieted to an occasional outburst, begins to cry loudly again. Lou Ann repeats once more, "Tony will see Momma later." She indicates to Tony that the toddlers are sitting three to a table at three small tables and that there is a chair with a bib hanging over it at one of the tables. Tony throws his arms around her neck, clinging to her as he had clung to his mother, and Lou Ann carries him to the table, sitting on his chair and continuing to hold him. The other toddlers proceed with breakfast in a matter-of-fact fashion, apparently ignoring Tony and his unhappiness. Andre and James, sitting one on each side of Tony and Lou Ann, eat scrambled eggs with their hands, taking large noisy gulps of juice in between bites. Tony stares at them, whimpering softly, and turns away when Lou Ann offers him a spoonful of scrambled eggs. She makes no attempt to

persuade him but wordlessly offers a small piece of cinnamon toast that he accepts but does not eat. When Andre and James finish, they carry their bowls, spoons, and cups to a serving cart and sort the utensils, placing their bowls in a stack, spoons in a bowl and cups in another stack. They return to Lou Ann to have their bibs untied. Lou Ann stands up, holding Tony on her hip, and says to Andre and James "Let's go brush your teeth". This is a popular toddler activity, and Andre and James trot happily into the bathroom where Lou Ann finds their toothbrushes and gives them to them. "Here Tony -- Here's a red toothbrush for you", she says, but Tony buries his head in her neck again. Andre and James brush enthusiastically, with Lou Ann (still with Tony on her hip) helping them "find all the teeth."

They return to the toddler room and Lou Ann goes again to the block corner to find the farm Tony had enjoyed before breakfast. Andre and James begin to place two lines of blocks across the floor, chattering to Lou Ann about their "Wo-s", which she, apparently correctly, admires as roads. Lou Ann begins to line blocks in front of Tony, telling the other boys that "This is Tony's road." Meanwhile the other children and adults, returning from teeth brushing, begin to move into the free play activities that will form the major part of the day. Two toddlers head for the toddler gym and begin climbing and sliding, shouting joyfully as they do. One child sits down on the floor and begins to work intently with a large, wooden eight-piece puzzle. Two youngsters, each with a large damp sponge, help their teacher clean up the breakfast tables preparatory to a pasting activity. One boy goes to the doll corner and begins methodically and silently to take clothes off the dolls. Staff has noted that this toddler prefers a short time alone every morning after breakfast, at the end of which it becomes very obvious that he has had a bowel

movement and needs a diaper change. A staff member will plan to talk with parents to see if they feel it might be time to begin toilet training.

The time from about 9:00-10:30 is usually spent indoors because heavy dew makes the play yard very wet. Toddlers and the three staff members move freely among doll and housekeeping play, blocks, pasting puzzles and manipulative toys, the toddler gym, and the story corner. At 10:30 the group comes together briefly to have a drink of water and a carrot stick and to participate in the special event of the day. Today it will be making instant pudding; three or four toddlers, one adult, one mixing bowl and an egg beater -- with individual spoons for tasting will be involved. Lou Ann, as the early morning bus aide, is scheduled for a ten-minute coffee break during this indoor play period. Lucy, another of the aides, manages to make friends with Tony, who is fascinated by paste and macaroni. Lou Ann manages to take her break and have a badly needed cup of coffee, but remains within ear shot in case Tony seems unhappy. Because Lou Ann will not ride the afternoon bus, the staff attempts to have every child relate almost immediately to two adults, and Lucy is the afternoon bus aide.

At about 10:45, staff members begin to put toys and equipment away, encouraging children to help them as activities seem to come to a spontaneous conclusion. As two or three children are ready, a staff member checks their diapers, helps them into their jackets and takes them out side. Gradually and quietly the group reconvenes outside where the majority of the children head for the spacious sand box, two run directly to tricycles, and the other two begin to climb and jump over a large stack of tires. While Tony has been able to participate in some activities inside he stays close to Lou Ann and no effort is made to separate him

from her. She sits down on a log in the sand box and begins to dig and he, after an initial hesitation, joins in. Meanwhile, one of the toddler staff team supervises the tricyclists and keeps a watchful eye on the tire climbers. The third staff member has stayed inside to finish clean-up, set up cots for nap and to take her ten-minute break. At around 11:30 she will go outside to permit the last member of the team to take her break before the group begins to come back in, in groups of two and three, for lunch.

Again, at lunch, the toddlers, once more diapered (or pottied), washed and with bibs on, attack their lunch with gusto. Pieces of chicken, peas, and carrot sticks are picked up by eager small hands; rice, more difficult perhaps to handle, is not as popular. The pudding they made earlier is dessert and most of them drink two small glasses of milk. As each group finishes, the adult in charge helps her children place their utensils on the serving cart. Toothbrushing follows, and each child goes to the book corner to choose a book to "read" on his cot, which is marked clearly with his name and is always in the same place in the room. Tony is tired and obviously upset to see the cots. He remains on Lou Ann's lap during lunch, eats a good deal of chicken and pudding but refuses everything else. He still clutches his bottle of Kool-aid from the morning from which he takes only an occasional drink, but he seems to find comfort in holding it. At this time, the caregivers make a conscious effort to move slowly and quietly lowering their voices and allowing children to settle on their cots at their own pace. Toddlers who need to have security blankets, bottles or pacifiers are given them. Others may choose a toy to have on their cots. Two children have been at the center for only three days and naptime is hard for them. They remain sitting up, and Jose hugs his feet tightly to his body when Lucy

stoops to remove his shoes. She pats him lightly on the head, "That's OK, Jose. You keep your shoes on," and sits down on the floor between the two children. Maria takes a bottle to bed and Lucy hands it to her now. Maria takes it in her hands and begins to suck. Gradually she folds over from sitting to lying down on her cot. Her body relaxes and, with the nipple still in her mouth, she falls asleep. Most of the toddlers go to sleep very quickly. Hugo particularly falls asleep almost as he arrives on his cot and sometimes has to be awakened to get on the bus at the end of the day. On the other hand, Jason ocasionally does not sleep at all, but babbles to himself, playing with his feet for half an hour, when the aide will give him some toys to play with quietly for a brief period before getting up. From his perch on Lou Ann's hip, Tony watches the preparations for nap and the various ways in which the children settle down.

When every child (except Jose and Tony) seems to be comfortable, Lou Ann puts a lullaby record on the record player and sits down in the rocking chair with Tony. She hums softly with the record, patting Tony's back as she rocks him gently. After a few minutes she walks to his cot and sits down on the floor. Tony begins to whimper as Lou Ann puts him down and covers him with a blanket. However, as Lou Ann continues to pat his back and hum softly, he gradually relaxes and within twenty minutes, Hugo is the only child still awake in the room. Lucy remains on the floor next to Hugo's cot rubbing his back and talking to him about other children and about the things they will be doing after naptime. After a while, as Hugo still appears to be tense and wide awake, Lucy picks him up and takes him over to the rocking chair. After ten minutes of gentle rocking, Hugo goes to sleep on her lap and Lucy manages to transfer him to his cot.

In a whispered conference the two aides agree that Tony and Hugo should see both of them when they awake. The third member of the team, Kathy, has carried the lunch dishes to the kitchen, washed the bibs, and swept under the tables. Lou Ann and Lucy suggest to Kathy that she remain in the naproom while they take their hour off. Lou Ann has a one-hour break because she rode the morning bus and is on duty from 7:00-4:00. Lucy came to work at 8:00 o'clock but will ride the afternoon bus, so she too is given a one-hour break. The team has agreed, however, that this break will be contingent upon the needs of the children and that, particularly in the early days of the program when children are adjusting to sleeping in a strange place, the break may in actuality last only a few minutes. Today, however, is a good day. Hugo, who was the last child to sleep, was finally on his cot at 1:30 and no child wakes up until 3:00. In most centers, the toddlers are the most predictable and longest nappers of all. During this time staff take turns remaining in the room with sleeping children, taking a leisurely break or updating records on children. Today Lou Ann will jot down some notes about Tony's first day, for example, and work on equipment and preparations for activities. As the day is very warm, Lucy gets out a collection of large juice cans which she fills part way with water, big paint brushes, and waterproof aprons which the toddlers will wear for outdoor water painting after nap. In the naproom Kathy collects the books from the sleeping toddlers' cots and returns them to the shelf, stopping to repair one or two torn pages on the way. She also puts back together three puzzles, straightens the block shelves, and in general restores the room to its original neat, well-organized state.

As the children begin to wake up, the staff members greet them quietly, changing or pottying those who need it, dress them and talk in

low, soft voices. The atmosphere remains quiet and slow paced, for many of these children are heavy sleepers and need time to make a gradual transition from sleep into the world. When two or three children are dressed, Kathy invites them to go with her to find the afternoon snack. In the kitchen they discover a box filled with small slices of watermelon for a snack picnic outside. Kathy gives watermelon to the children as they come outside, leaving them free to sit at the small outdoor table if they wish or allowing them to eat as they walk about the outside play space. As the toddlers finish their watermelon they move into play. Several put on painting smocks and begin to paint the school building with water, obviously enjoying the shine of the wet surfaces they can create. Two children carry their cans of water to the sandbox and begin, simultaneously yet separately, to make mud. Lucy and Hugo have come outside with the second group of children bringing a blanket and some books which they arrange under a shady tree.

When Tony wakes up, he finds Lou Ann smiling down at him as she finishes stacking the cots and dressing the little girl who has awakened just before Tony. Tony lies quietly for a few minutes, blinking away sleep, and then allows Lou Ann to change his diaper and dress him. Lou Ann asks him to help her carry the cot over to where it is stacked with others, and Tony solemnly obliges. There is, as there should be at this time for toddlers in a day care situation, a relaxed unhurried quality. The adults speak more slowly and softly than they did during the morning, understanding that for many children the transition from sleep to wakefulness may be as difficult as learning to sleep in a new place.

By four o'clock, however, the group is fully awake, and the pace has increased again. The three two-year-olds pedal trikes busily around

the path, two children climb and jump from the stack of tires, the girl who got up just before Tony discovers the water painting and the sandbox and continues the glorious and absorbing business of making mud. Lou Ann has established Tony on the blanket with her as she reads to Hugo. As two high school volunteers arrive for the final hour of the day, Lou Ann tells Tony that pretty soon Lucy will take him on the bus to find Momma and that she (Lou Ann) will see him in the morning. Lucy takes her clue from Lou Ann, offering Tony a piece of watermelon and a place next to her on the blanket. "Lou Ann needs to go home now, Tony", she tells him. "You and Hugo and I can read some more books and then we will go on the bus to your Momma."

"Bye, Tony -- see you tomorrow", says Lou Ann and leaves promptly. Adults should not slip or sneak away, for children need to know where the adults are and what can be expected of them. Tony looks uncertain but Lucy cuddles him to her and engages his attention in the picture Hugo has found of a truck. They spend a pleasant fifteen minutes looking at pictures, and then Tony notices an unused can of water and a large brush, goes over and starts to paint the sidewalk. Lucy tells him, "You can paint for a little while before the bus comes."

At about 4:40, she and the high school volunteers begin to take the children, in groups of two or three, for a final bathroom trip or diaper change. Hands and faces are washed and every child is offered a drink of water before the hot bus ride home. Paper bags marked with each child's name and filled with the sweaters and jackets the children wore to the center are collected. A fresh disposable d aper is also put into each bag, so that the toddlers will arrive at the center on the following day already wearing a disposable diaper. Jose's penicillin, given to him at regular intervals throughout the day, is retrieved from the refrigerator and placed in his bag.

When the bus pulls up, the toddlers are ready to climb aboard. They wave cheerfully to the high school volunteers who remain behind to put away the outdoor toys while Lucy goes with the children on the bus. At his camp Tony's mother is waiting for him. Tina jumps down and runs to her mother. "They had a good time," Lucy reports cheerfully to her, handing over Nicky and his bag, and Tony's bag. The mother smiles and nods, taking Tony by the hand to lead him into the camp.

Chapter 8

What Are Toddlers Like?

In many ways working with children who are between the ages of about 15 months and 3 years can be one of the most challenging but frustrating teaching experiences of all. Toddlers may be the world's greatest explorers, and their explorations occupy most of their waking hours. In their ceaseless attempts to examine their environment, toddlers use every one of their five senses. Give a toddler an object to look at, and chances are he will not only look at it with his eyes but will feel it with his hands, shake it or otherwise try to produce an interesting sound, smell it and taste it.

In addition to their passion for exploring, toddlers have only recently learned to walk. Just as a teenager with a new driver's license doesn't care much about why or where he or she is driving, so toddlers seem to care less about goal-directed physical activity than about physical activity for the enjoyment of being in motion. They toddle about their own environment not necessarily to get from one part of it to another, but because they are up on their feet and it is satisfying to practice walking. Chairs become things to push and carry because pushing and carrying are also newly obtained skills a toddler delights in practicing. Chairs can also be climbed into and later, if the chairs are an appropriate size, two-year-olds may discover they can back up to them and sit down, apparently an exciting achievement when you are just learning how to do it. Occasionally a toddler may intend to back up to a chair but somehow instead misses his destination and continues to back for some distance across the room -- often forgetting completely about the chair as he becomes absorbed in the process of walking backwards.

Delight in movement for its own sake is not restricted to gross motor activity; it is evident in every project a toddler undertakes. A toddler may enjoy turning pages in a book because it's fun to turn pages, not because he or she is necessarily interested in looking at the pictures or in hearing the story. He or she may smear paste on a piece of paper, not to stick something on the paper, but because using paste is a new experience. A toddler may pour juice onto the floor, not to make a mess but because he or she has discovered pouring and this newly acquired skill is being practiced. As a child approaches three he or she establishes more complicated problems. A toddler may, for example, laboriously fill a small basket with blocks, trot across the room, empty the small basket into the large one, return to the source of blocks, and repeat the process all over again. Clearly there would be a more efficient method for transferring blocks from one place to another, but again the toddler's interest in setting problems and solving them is important in developing positive attitudes of competence and self-worth.

The third major development in toddlerhood might be called the language explosion. Interest in and experimentation with language begins in the latter half of the first year, but in the months around the first birthday a child becomes increasingly interested in the ability to create sounds that communicate with others. It is not unusual to hear a toddler talking to herself or himself, particularly in situations creating some ambivalent feelings. "Nice doggy" a toddler might say, looking uncertainly at a dog and holding up his or her arms to be picked up. "Nice doggy" may be repeated with considerably more assurance if the adult has responded to the outreached arms and picked the child up. Occasionally a toddler will issue a verbal reminder about something he or she needs to remember. "Hot -- no, no" a toddler may mutter while looking at a

stove. Often a toddler communicates in words exactly the the opposite of what he or she hoped to say. A toddler who tugs at an adult and tells her "me no wet" is likely to have his or her diapers being inspected by an adult whose experience with toddlers has led to considerable suspicion about the veracity of such remarks. A statement from two-year-old Johnny, "Johnny not break cup" will send most adults scurrying to look for broken china. How truly remarkable it is then that in spite of the frustrations inherent in using language, toddlers continue to persist in their attempts to master it.

When do toddlers develop empathy?

Most adults who work with toddlers wonder when and how children begin to be able to look at situations from another person's viewpoint. Some toddlers may seem to behave in a sympathetic fashion occasionally or briefly, but such behavior is probably indicative of actions they have observed rather than an expression of understanding for what someone else is feeling. A toddler may, for example, look concerned if another child cries, may rush over to pat the unhappy one, to offer a cracker or toy, or may even burst into tears, too. More commonly, however, toddlers pursue their own important affairs with little or no regard for what their playmates are doing or feeling. A toddler who is pushing a doll carriage around the room will push the carriage over any obstacles, including people, with little recognition that this may hurt the unfortunate person in his path. Two children may dig together happily in a sandbox until both decide to stake out a claim on the same truck, shovel or even a particular handful of sand. Unless in the struggle that follows, an adult is quick to intervene, one child will hit the other and produce howls of pain and rage; the striker may be so intrigued by the dramatic

results of hitting that he or she will hit again, just to see if the results are as interesting as those produced by the first blow. All too often adults who observe this kind of behavior are horrified and react loudly, "Naughty; that's bad; say you are sorry; you shouldn't hit people!" Confused by the intensity of the adult reaction, he or she usually mumbles the magic word "sorry", getting the toddler off the hook, but offering little or no understanding of what he or she did to deserve the scolding. Because a toddler has little understanding that the feelings he or she experiences are also experienced by other people, adults should concentrate on the child who is hurt, saying briefly to the offender: "No! Hitting hurts. I feel sorry that _____ has been hurt." Thus, the offender is told that hitting is not allowed because it hurts the person who is hit and that the adult is sorry that someone is hurt.

Social Interactions

Although it is important for supervising adults to remember that very young children are so egocentric that they are unaware of the feelings of others, toddlers can enjoy belonging to a group and often engage in brief truly social interaction. Their first attempts at conversation with a peer may be amusing to an adult observer, as illustrated by the following dialogue between two 20-month-olds:

1st toddler	"My boots--"	
2nd toddler	"Huh?"	
1st toddler	"My boots"	
2nd toddler	"Huh?"	
1st toddler	"My boots"	
2nd toddler	"Huh?"	and so forth!

Because children often enjoy doing the same thing at the same time someone else is doing it, toddlers' caregivers may be wise to provide duplicates of toys rather than attempting to provide great variety. Thus, a caregiver who has observed the interest of one toddler in another's toy can suggest, "There is a truck like Joan's on the shelf -- you could roll a truck down the slide with Joan." Caregivers of toddlers should know that children usually first play alone or briefly with an adult; then, they play next to someone their own age, for example, one toddler reads a book next to a toddler who is working a puzzle; then toddlers engage in the same activity at the same time, for example, one toddler sees another digging in the sand, finds a shovel and digs too; finally, toddlers participate in cooperative play, one child invites another to "help me dig a hole," the second agrees and the two work together digging a hole. These stages are usually referred to as solitary, associative, parallel and cooperative play. They can be observed in embryonic form during a child's first year of life, particularly if the child is frequently in the company of other babies. Although there are exceptions, cooperative play does not often occur until children are three, four or five years of age. Caregivers who expect toddlers to play together happily without active adult help have unrealistic expectations for the developmental stage of the children. A principal reason for requiring a high ratio of adults to children and for limiting the size of a toddler group is to allow each child to find his or her individual pace and style of play.

The Development of Fears

Caregivers often mention unreasonable fears as one of the most unpredictable and difficult characteristics of children in the second and third years of life. Toddlers may become afraid of a stuffed animal or toy, of a corner or special place in the room, of a piece of

clothing or of animals; or, as one toddler told us repeatedly, of something as bizarre as "flections" (reflections in unshaded windows). There are many theories about the reasons for fears at this age, but for the purposes of these guidelines caregiver must be made aware that sudden fears occur often in toddlers and that caregivers must be prepared to deal with the child lovingly and warmly, in a fashion that does not communicate to the child that the fears are remarkable, outrageous, funny or unreasonable. Sometimes a child can be reassured by a good look at the cause of his or her fright while being held by a loved and trusted caregiver. The caregiver should encourage but not force the child to make a careful examination of the feared object, offering labels and explanations while the child examines it. Occasionally, an articulate toddler can explain his fear: "Doggy.....eat....me...." or, as Johnny peers into the mysterious depths of a flushing toilet, "Johnny...all...gone."

More often, adults have to figure out not only the specific cause of the toddler's fear, but the reason how the cause acquired such emotional power. Sometimes a child's anxiety is so great the fear-producing object or event may have to be removed, and reintroduced later when an increase in maturity may allow the child to face it without terror. Occasionally, particularly if the cause of the fear is unremovable, a place in a room, for example, after experimenting with changes of furniture or of light and shadow, caregivers may have to resign themselves to offering comfort and the security of laps and arms to help the child weather it out.

We do not mean to sound flippant about toddler fears. To a very young child, terror whether or not it is caused by something adults can understand, is real and consuming. It is often impossible to understand the deep-rooted reasons for a very young child's anxiety; often all caregivers, parents or others, can do is offer all the love and reassurance

that is possible, never abandoning or ridiculing a child who is afraid.

Fantasy

An expanding ability to "make believe" is the brighter side of toddler development. Older babies may begin to imitate their caregivers by pretending to drink from an empty cup, feeding or rocking a favorite doll or stuffed animal or talking on a play telephone. In the second and third years, make-believe play can become rich and exciting, although sometimes mysterious to an adult observer. Given sufficient materials, time, space and encouragement, toddlers attempt to recapture in play many of the experiences they have had in daily life. A seventeen-month-old toddler who finds someone's car keys is quite likely to stick the keys into the nearest small hole. Door key holes, electrical outlets, or real ignition holes in cars are all likely to be used if they are available. Once the keys are inserted, the toddler is likely to produce a startlingly accurate rendition of the sounds of a car starting and then "drive off" across the room. Toddlers who observe animals sometimes seem to almost become those animals in their play. This shows that toddlers can observe and use these observations in their play much earlier than they can talk about what they have seen. For example, a two-year-old may place an empty bowl on the floor, crouch and lick pretend milk from it, go through the motions of a cat-like yawn at the end of a good meal, "wash" her paws and whiskers, curl up in a ball and "go to sleep." Toddlers can engage each other briefly in imaginary play, although often each child has a separate agenda that just happens to fit with someone else's ideas. For example, two toddlers in "dress-up" clothes:

1st toddler: "Now we go to the store"

2nd: "No"(continues dressing)

1st toddler: "You be my baby"(puts on his hat)

2nd: "No"(puts on hat)

1st toddler: "Come on, honey"(takes 2nd toddler and leads him away)

2nd: "No"(but as he has finished dressing allows himself to be led away)

Because make-believe play is often brief and sometimes occurs without language, caregivers in a toddler program must be particularly skillful observers. They should note what children do in play and provide enrichment through appropriate props and materials, occasional suggestions and direct participation in the play situation. It will be helpful to make notes on the play of individual children; by doing so a caregiver can keep track of the very gradual but dramatic development which may occur between 18 and 30 months.

We have tried to point out some of the behavioral components of healthy development in toddlerhood[1] when a child attempts to become an autonomous being capable of competently functioning in an environment appropriately geared to his or her needs and abilities. It should be clear that children who are given sufficient opportunities to explore, to use their senses, to be physically active, to use expressive materials and to develop language skills may often, through the very nature of these activities, be destructive, messy, noisy, impudent or defiant. In other words, Toddlers can be immensely difficult and exhausting to care for. Quite often, however, adults do not realize that some of the difficult behavior is part of normal healthy development and needs to be not only tolerated, but encouraged.

[1]A more complete description of toddlers can be found in Stone, L.J. and Church, J., Childhood and Adolescence (3rd Ed.) New York: Random House, 1973.

Setting Up the Program

Staff and parents who care about the educational quality of their program wonder whether or not they should plan lessons for toddlers. It seems to us that the educational component of a program cannot be introduced or superimposed; it is, instead, implicit in the total environment, program and interpersonal relationships of the center. Toddlers learn all the time; they do not distinguish one part of the day as more or less educational than another. For a very young child, learning to use and control his or her body, to leave home and exist as a member of a group, to eat meals with other children, to be changed and cuddled by an adult he or she is learning to trust, to sleep in a strange environment, to investigate an interesting new environment with especially designed equipment and materials, add up to a total experience that can be defined as education in the best sense of the word. That is, the child begins to see himself as a competent, successful human being whose opinions and needs are respected by others and whose attempts to learn about the world through direct sensory contact with it are supported and encouraged by caregiving adults.

The key to a good program lies in the abilities of the staff. Ideally every member of the care-providing team, from janitor to director, should be a sensitive, loving teacher who knows what to expect of very young children and how to plan programs accordingly. Too often the toddler room at a day care center is equipped with a rocking horse, a motley collection of stuffed animals and quantities of broken miscellaneous toys kept helter skelter in a toy chest. A toddler room, while much simpler than an open classroom for older children, should be carefully planned and equipped. Arrangement of space and equipment can be based

on the same principles as that of any classroom: activity areas or centers of interest, with learning materials stored neatly and attractively on low open shelves, most of them accessible to the children. Cardboard puzzles with missing pieces, torn books, ragged dolls, trucks with missing wheels should be repaired or discarded. If adults organize the room well and demonstrate concern and respect for the materials and toys, toddlers will imitate their behavior and eventually learn to care for their own environments. Toddlers will also be quick to sense from the adults any feelings that objects in the room are "only toys" and so are not very important. A good environment can mean the difference between a program that merely offers custodial care and one that is planned to meet the developmental needs of children.

Criteria for selecting equipment and materials for toddlers

1. All equipment should be simple, durable, scaled to the physical comfort of tiny children (chairs 6-8 inches from floor, tables 10-12 inches).
2. All equipment should be flexible and usable in more than one way. For example, a simple truck that can be sat on or loaded with blocks is preferable to a fancy wind-up car that can only be used in one way. A plain rubber doll that can be dressed and washed is preferable to a rag doll with stitched-on clothes.
3. All equipment should be purchased as part of a total program. Care must be taken to avoid assembling all quiet games or puzzles, for instance, or all push-pull toys, or all equipment designed for active, "big muscle" play.

4. Large equipment, too, must be flexible, safe for toddlers, for experimental climbing, crawling, etc. Two empty cable spools, a smoothly sanded board and a short, safe length of ladder offer a greater variety of activities than an elaborate expensive climber.
5. All equipment should be well-designed, have no sharp edges or pinch places, and, if painted, paint must be lead-free.

Commercial backyard jungle gyms or swing sets are not recommended for a group of toddlers. If one is donated, swing seats should be replaced with tires or canvas sling seats, because toddlers are likely to run or back into a moving swing. Teeter-totters or see-saws are not desirable, as one toddler is quite likely to get off in mid-air, leaving his partner to thud to the ground abruptly.

Setting Up the Room

Assuming that the children in the group are unknown to them, the staff begins with a rather bland, general environment. It may be helpful to make a sketch of the room including the areas for sleeping, eating, diaper changing and washing and seven basic activity areas as follows:

1. Book and story telling area. A bright washable rug, some pillows and a low bookcase with a dozen books clearly displayed is all this area needs. Book display shelves in a toddler room should contain few books at a time. Toddlers may use the books more if they are displayed face out as in the diagram. Staff members should rotate books every week or so, putting away books children do not seem to enjoy, putting out a few new ones and leaving favorites on the shelves. While they are looking at books, toddlers may be more comfortable on a rug or soft pillow than on a chair. They also enjoy sitting on an

adult's lap. Toddlers may have their own style of looking at books: some want to point to pictures and identify objects in the pictures themselves; some enjoy telling a familiar story as they turn the pages; still others may snuggle up to the adult, often with thumb in mouth, and listen while she reads or talks about the pictures. It is rarely possible for one adult to use books effectively with more than two or three toddlers at a time, because interests and attention spans will vary enormously.

Suggested Books for Toddlers

Allen, Marie, Baby's Playthings, Platt & Munk, 1967.

Allen, Marie, Baby's Things, Platt & Munk, 1967.

Baker, Betty F., What is Black?, Watts, 1969.

Baruch, Dorothy, Pitter Patter, William E. Scott, 1943.

Bridwell, Norman, Clifford the Big Red Dog, Scholastic, 1967.

Browner, Richard, Everyone Has a Name, Henry Z. Walck, 1961.

Brown, Margaret, Baby Animals, Golden, 1964.

Brown, Margaret Wise, Home for a Bunny, Simon & Schuster, 1957.

Carroll, Ruth, Where's the Bunny?, Oxford University Press, 1950.

Epstein, Sam & Beryl, Who Needs Holes?, Hawthorne Books, 1970.

Flack, Marjorie, Ask Mr. Bear, MacMillan, 1932.

Green, Mary M., Everybody Eats, Scott, 1961.

Keats, Ezra Jack, Peter's Chair, Harper, 1967.

Keats, Ezra Jack, Snowy Day, Viking, 1962.

Keats, Ezra Jack, Whistle for Willie, Viking, 1964.

Kessler, Ethel & Leonard, The Big Red Bus, Doubleday, 1957.

Kinhardt, Dorothy, Pat the Bunny, Golden Press, 1940.

Langstaff, John, Over in the Meadow, Langstaff, 1957.

Langstaff, N., My First Toys, Platt & Munk, 1955.

Petersham, Maud & Mishka, The Box with Red Wheels, MacMillan, 1949.

Rey, H.A., See the Circus, Jarrold & Sons, Ltd.

Rey, H.A., Where's My Baby?, Houghton-Mifflin Co.

Skaar, Grace, What do the Animals Say?, Young Scott, 1968.

Weisgard, Leonard, Whistle for the Train, Doubleday, 1956.

Witte, Pat & Eve, Who Lives Here, Golden Press, 1961.

This list is intended to suggest a few of the many excellent books available for very young children.

2. Music. This area needs a record player, records and some simple instruments. If space is limited, the music and story areas can be combined, although the record player and records should be stored out of the reach of children.

Records for Toddlers

American Folk Songs for Children. Pete Seeger, Folkways

Babysitter's Family Album. The Babysitters, Vanguard

Children's Corner. Frank Luther. Voccalion-Decca

Child's First Birthday. Frank Luther, Voccalion-Decca

Folk Songs for Babies, Small Children, Parents & Babysitters, The Babysitters, Vanguard

I am a Circus. Young People's Records - Children's Guild

Me, Myself & I. Young People's Records - Children's Guild

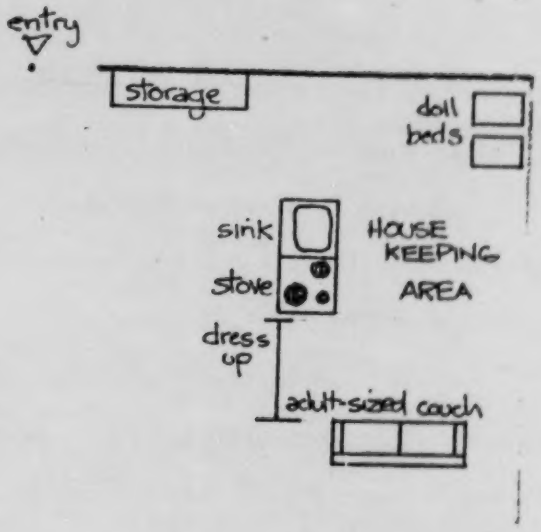
Songs & Fun with the Babysitters. The Babysitters. Vanguard

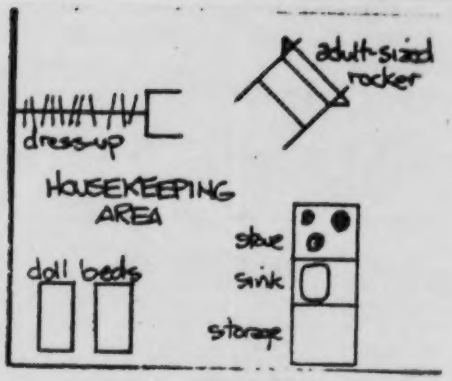
Visit to My Little Friend. Young People's Records - Children's Guild

The list is intended to suggest a few of the many excellent records available for very young children.

3. Housekeeping and dramatic play. In a primitive way, toddlers enjoy housekeeping and dramatic play. This area is one where early social relationships often emerge, as well as being an area with potential for language development. Basic equipment might include a sturdy play stove, sink, refrigerator (optional), several doll beds large and strong enough for children as well as dolls, a small low table and several chairs. Accessories are vitally important in this area. Doll dishes, pots and pans, rubber dolls and their high chairs, carriages and simple clothing, empty food cans for pretend food, toy telephones, dress-up clothes and a full-length mirror are among the kinds of materials which will turn the house into a home. Because real water can be used in the play sink and in the pots and pans, clean-up equipment including mops, a pail, sponges and waterproof smocks should be close at hand. Most centers keep large pieces of oilcloth or lineoleum on the floor of the water play area, under the easel and tables where children eat. A large collection of beach towels is a helpful carpet in messy activity areas, particularly if staff members have easy access to a washing machine.

Housekeeping and Dramatic Play Corner





Most of this equipment can be improvised from sturdy cardboard boxes. Contact paper adds eye appeal and may increase durability.

4. Blocks. The block area in a toddler room requires particularly careful planning. In addition to providing a rich assortment of materials which children can stack or build with, many of the skills later needed for reading and mathematics begin to emerge as children use blocks. Finding shapes that are the size they need, or match the size they are holding; using the concepts "big" and "small;" hearing adults talk about the blocks that are "equal" or "are longer than;" assembling a pile of three blocks and then assembling another pile just like the first (patterning); choosing to lay out a line of long-short-long-short blocks (sequencing) are all child-initiated activities which a sensitive staff recognizes as important and builds on them.

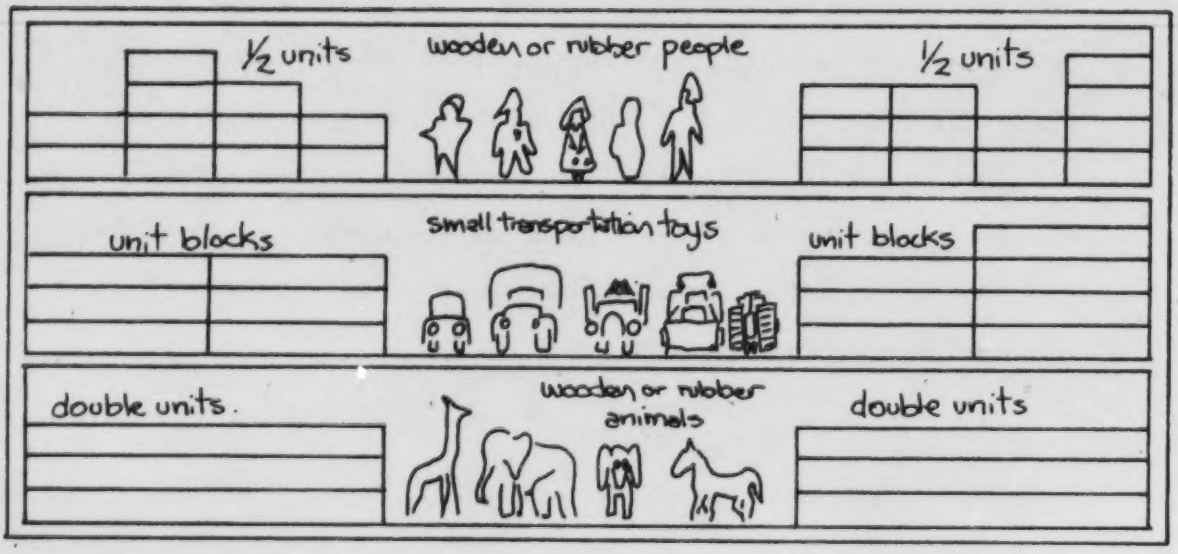
Prices for blocks may seem high but they are a good investment. A 4-H, Lions, Rotary or other local service group may be persuaded to buy them for the center. In addition to blocks you will need accessories such as the following:

1. 2 large sets of sturdy rubber (not wooden) animals. These are catalog items. If the budget is strict it is possible to use large plastic animals (be certain they stand up) available in most toy departments, but they must be discarded as they break, because the plastic is sharp.
2. 12-15 small wooden, rubber or metal cars, trucks, trains and planes.
3. Four large ride-on trucks which can also be used to transport blocks. Wooden ones are best. Be sure they have rubber wheels; wooden wheels make too much noise in a group.
4. Odd scraps such as paper towel tubes, small pieces of cardboard, short lengths of hose, etc., are very useful for embellishing block structures or for examining as the interesting objects they are.

5. The storage unit is most important of all in this area. It should be a set of sturdy, well-balanced, low shelves (not necessarily the commercial ones especially designed for blocks) where blocks can be stored so that children can see sizes and shapes.

If the block corner is well-organized with storage clearly indicated, toddlers will enjoy helping the teacher put the blocks away. Though with toddlers the adults do most of the clean-up activity, toddlers love to imitate and to be helpers, and clean-up will often become a voluntarily cooperative effort.

Block Shelves for Toddlers



Blocks can be outlined on the shelves with magic marker. At clean-up time, adults and children match the shape of the block with the shape of the outline on the shelf. All the blocks that are the same size go together. Putting "all the animals together" on one shelf, "all the transportation toys" on a second shelf, and "all the people" on the top shelf provides an easy and interesting activity that is incidentally important in helping the child begin to develop skills in classification. Note that in the arrangement shown, two children can get blocks from separate but alike piles, thus decreasing chances of a fight but increasing parallel play.

5. Science Area. Science materials can change frequently or, if interest is sustained, be left for a long time. Materials will be carried around the room and incorporated into many different activities; they must therefore be sturdy enough to withstand a great deal of handling. If science materials are lost, check the pocketbooks in the dress-up corner. Toddlers engage in scientific explorations all the time, and there is really little need to have a special science corner. We find it a useful device for helping staff members be aware of the fact that very young children are interested in and capable of learning many important basic science concepts.

Sample Science Activities for Toddlers

Pouring water from one container to another

Painting with water

Collecting leaves, sticks, acorns, stones, wild flowers

Making mud by mixing sand and water

Stacking small objects inside bigger ones (nesting tin cans, for example)

Smelling different odors

Sampling different tastes

Cooking

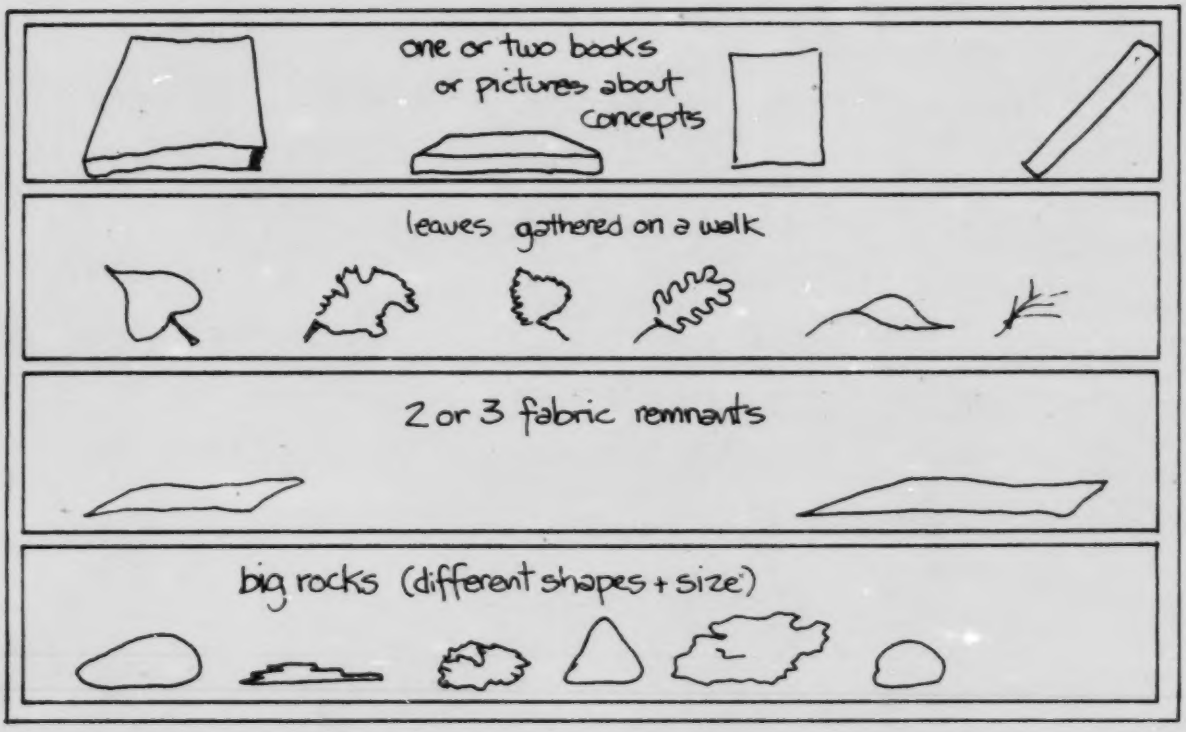
instant pudding

spreading jelly on crackers or bread

tearing up lettuce for a salad

slicing bananas with butter knives

Science Area


one or two books or pictures about concepts
leaves gathered on a walk
2 or 3 fabric remnants
big rocks (different shapes + size)

6. Art Area. The clue to successful art activities is in careful preparation that includes plans for clean-up. Old shirts, with the sleeves cut off, buttoned in the back are good smocks; for really messy activities a more waterproof apron is needed. Smocks can be made out of old shower curtains or plastic table cloths; plastic garbage bags with holes for head and arms are good in emergencies; old beach towels can be folded double and a hole cut in the fold for a head, then sashed to make a protecting poncho. Rolls of paper towels, a pan of water, sponges and a mop are needed for most activities and should be ready before the activity is begun. Floors can be protected with several layers of newspapers, oil cloth or linoleum. Whenever weather permits, art activities can be moved outside. If the sun is really warm, toddlers can be stripped to diapers or training pants, and a follow-up session with a bowl of warm water and sponge can be fun while at the same time expediting clean-up.

Adults and even older children often encourage toddlers to "tell us what it is" when they have made a painting, played with play dough or some other art material. It is important to remember that the very young child paints because he or she enjoys the process of painting; rolls, pats, and pushes play dough because he enjoys doing so, not because he or she is trying to create a picture or to make something with the dough. Some two and three year olds begin to name their products after they have finished making them and can see what they look like. Adults can be encouraging and supportive of a toddler's primitive attempts to manipulate materials while at the same time providing verbal labels so that he or she can begin to talk about the activity. For example, an adult might say to a child (underlined words represent new vocabulary):

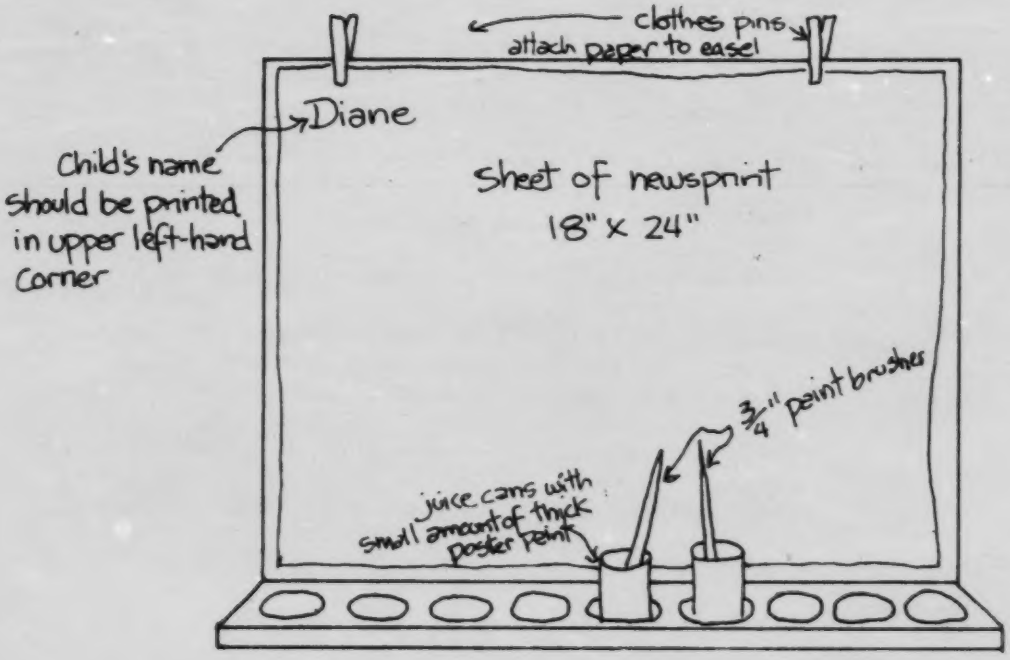
"The dough is sticky today"

"You are patting the dough hard"

"Your painting is all blue today"

"The paint is dripping from the brush"

Art Easel


clothes pins attach paper to easel
Diane
Child's name should be printed in upper left-hand corner
Sheet of newsprint 18" x 24"
3/4" paint brushes
juice cans with small amount of thick poster paint

It is not essential to have a special painting easel. Children will enjoy painting large sheets of paper spread over several layers of newspaper on the floor. An easel takes up little space, however, and preparation and clean-up are much easier than for floor painting. Easels can be easily made or improvised from wood or cardboard. A clothesline or clothes drying rack can be placed nearby so that paintings can be hung up to dry. Finished painting may be taken home or hung on the wall for all to admire.

Other art activities for toddlers

Pasting - toddlers often prefer to put a mound of paste on paper, then they either smear (like finger paint) or stick things (stones, sticks, feathers, fabric scraps, etc.) into it.

Play dough - 3 cups flour mixed with 1 cup salt and enough water to make it like pie dough can be squeezed, rolled, patted or poked. Toddlers have also been known to eat play dough with no harm. Dough can be colored by adding food coloring to the water before mixing dry ingredients.

Finger painting - For brave staff members the easiest and most enjoyable finger paint may well be 3 tablespoons of chocolate pudding on a clean cafeteria tray. (It must be explained to the toddler that this is a special time and that usually pudding is eaten out of a bowl with a spoon.) For adults who cannot accept food as an art material, liquid starch may be an acceptable finger paint.

Stringing large macaroni on strings

Painting a building or a piece of play equipment with water and a real 2-inch brush

7. Large and Small Muscle Areas. Because toddlers are vigorous and determined explorers who need to exercise newly developed motor skills, it is wise to provide space and equipment for jumping, climbing, etc. In some centers, space for this all-important program component will be hard to find; but every effort should be made to ensure that toddlers have ample opportunities to move freely. Occasionally, large muscle

equipment may be nothing more than an old mattress for jumping on, a large cardboard box for crawling into, or a sturdy table which can be climbed upon.

Children also need to develop small muscle skills with puzzles, sorting and stacking toys, and other manipulative games. These materials can be stored on shelves accessible to the children in the library corner or the art or science areas.

Not all the equipment and materials need to be out at the same time. Small toys, puzzles and books can be available a few at a time, to be brought out in response to clues from children's behavior.

Toddler rooms tend to be either too cluttered or too bare and planning in terms of the suggested seven areas may be helpful to staff members. This does not mean that there should be no flexibility and imagination in the design of toddler environments. For example, one center designed its toddler room in terms of areas as follows: Area 1: entrance, dressing, potty chairs, books, telephones; Area 2: play kitchen, housekeeping toys, water play; Area 3: manipulative toys and large muscle riding toys; Area 4: library corner with rugs, couch, books, etc.

We would encourage such creative planning as long as the developmental needs of toddlers are met. The diagrams A, B, and C at the end of this chapter are some suggestions for planning appropriate toddler environments. If the group consists primarily of very young toddlers, 18-24 months, the areas can be simplified; but it will still be appropriate to plan in terms of several activity centers.

Diagram A

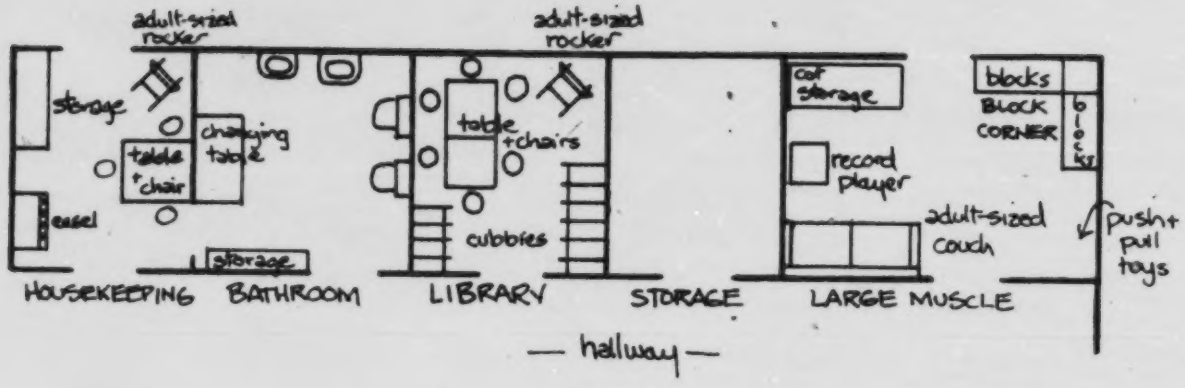


Diagram B

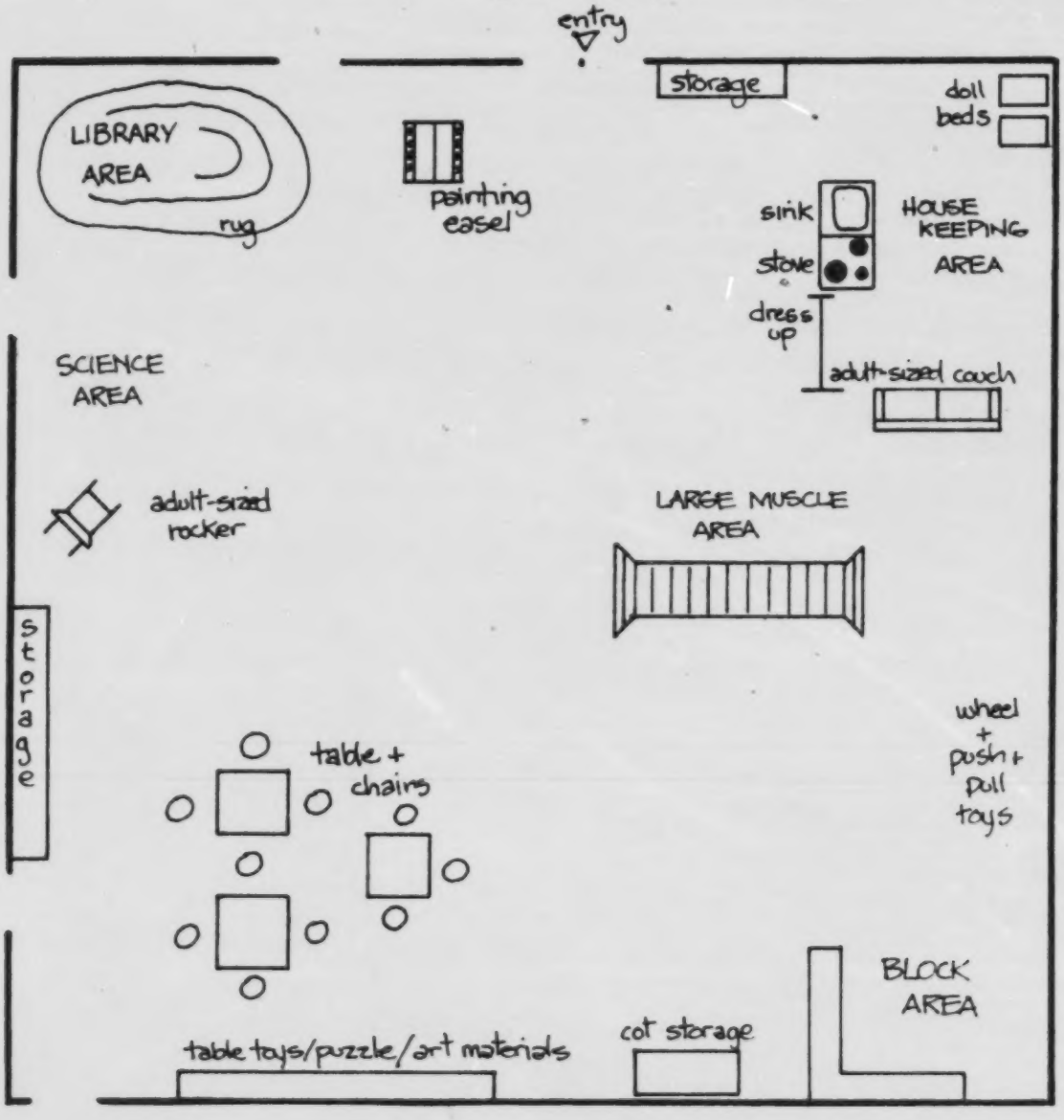
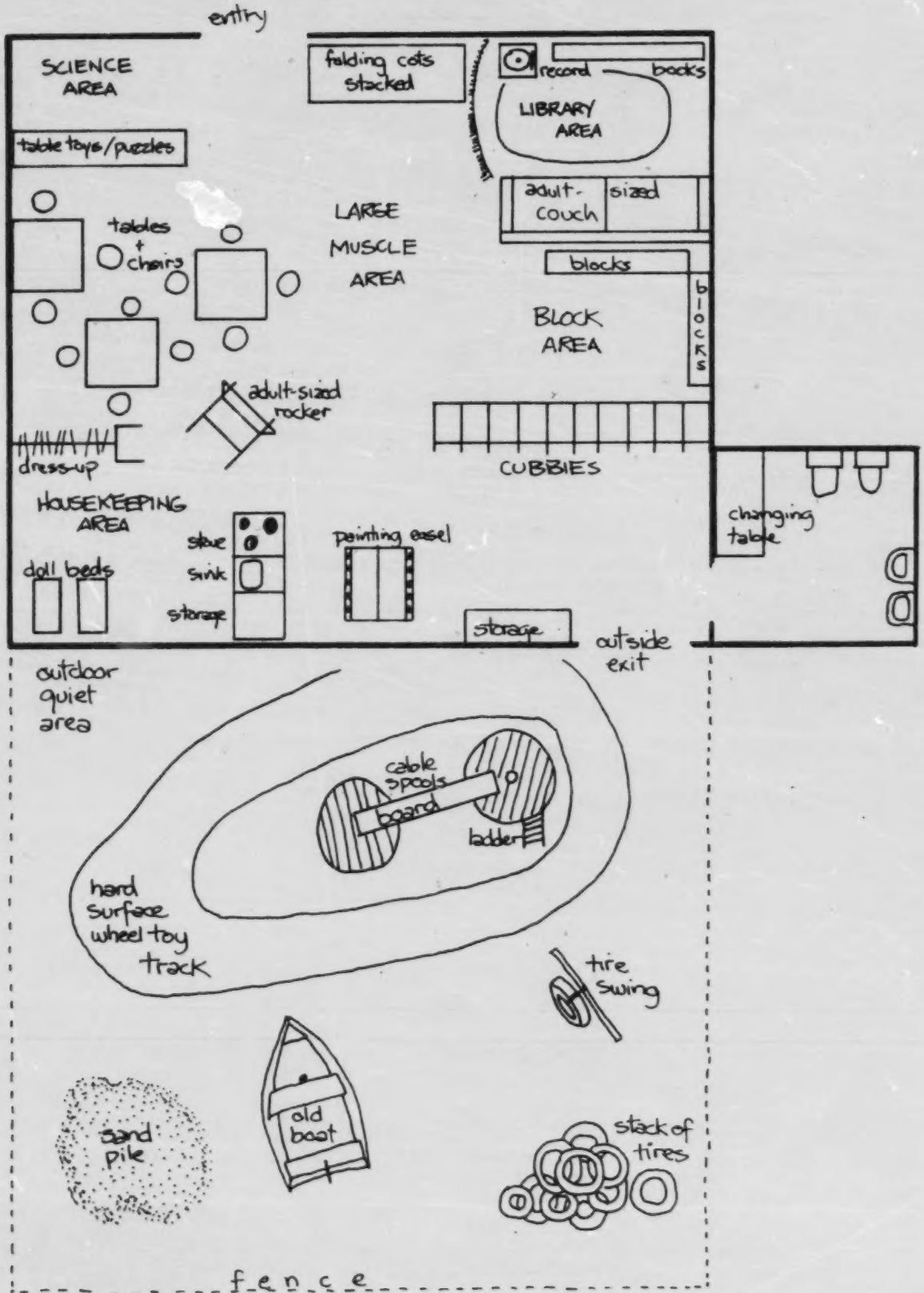


Diagram C


entry
SCIENCE AREA
folding cots stacked
record
books
LIBRARY AREA
table toys/puzzles
adult-sized couch
tables & chairs
LARGE MUSCLE AREA
blocks
BLOCK AREA
blocks
adult-sized rocker
dress-up
CUBBIES
changing table
HOUSEKEEPING AREA
stove
sink
storage
doll beds
painting easel
storage
outside exit
outdoor quiet area
cable spools
board
ladder
hard surface wheel toy track
tire swing
old boat
sand pile
stack of tires
fence

Educational Equipment (8-12 week program for 10 toddlers)

Much of the suggested equipment is scaled to the size of 3 and 4 year olds. Staff members should cut legs off tables and easels, put large blocks in front of housekeeping equipment and otherwise adapt them.

Housekeeping area

kitchen set (stove, sink, refrigerator, small table)[1]

chairs[1]

dishes and utensils

doll carriages

full-length mirror (unbreakable ones will be found in nursery equipment catalogues)

2 doll beds (large enough for a child if possible)

4 rubber dolls (representing ethnic group served by center)

doll clothes (very simple) and pieces of fabric

dress-up clothes

cleaning set (child-sized mops, broom)

telephones (wooden or real surplus ones -- no wires!)

Library area

books (25)[2]

book shelf

chairs or bright soft rugs or cushions (a small couch or comfortable chair may be attractive for adults to sit on when reading books to children)

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[1] Table height 12-14"; chairs should allow toddler's feet to get on the floor, seat should be 6-8" from the floor.

[2] Public libraries are usually happy to lend many books to a center for long periods of time. Care should be taken to explain to the library that these books are for very young children and the center should replace books that are badly damaged or lost.

Block area

50 unit blocks

25 double units

25 1/2 units

block accessories -- sets of people, animals, cars, trains, etc., to use with block buildings

storage shelves for blocks and accessories

4 large wheeled vehicles (for toddlers it may be preferable to have 4 that are exactly the same)

Art area

table (large enough for 3 or 4 children to use 12 x 18" sheets of paper)

chairs

standing or wall painting easel

scissors (1/2 dozen pairs, some of which should be left-handed)

tempera paint (3-6 colors including red, yellow, blue) 9 quarts

newsprint (18 x 24") 1 ream

construction paper (assorted colors) 100 sheets

clay (moist potters clay) 10 lbs. (can be used over and over if kept in balls about the size of an orange with a little water in cavity made by pushing thumb in hard; store in plastic bag)

15 lbs. flour
5 lbs. salt
food coloring
} to make play dough

chalk, crayons, magic markers (2 dozen of each)

collage materials

fabric, paper, ribbon, yarn, string, scraps

macaroni (different shapes)

popsicle sticks, sea shells, feathers, etc.

glue, paste

puzzles, games, manipulative games

10 large, simple, wooden puzzles (1-10 pieces)

2 pegboards

2 lotto games

2 pounding benches

2 threading sets

4 shape sorting games, boxes

2 stacking toys

water play

large pans or special water play table

assorted unbreakable dishes, containers, sponges, etc., for water play

waterproof aprons or smocks

music

record player and records

12 simple instruments (can be homemade)

(bells, shakers, drums, etc.)

science

2 magnets

mirrors

stethoscope

plants

(we do not recommend animals as permanent residents in a class of toddlers)

large muscle play (indoors or outdoors)

climbing structure (easily improvised with 2 cable spools and smoothly sanded boards)

rocking boat

small indoor toddler gym

2 wagons

4 tricycles (8 inch)

6 balls (varied sizes)

sand (in a pile or, for indoors, in a sand table and sand toys)

large pull and push toys

other equipment and supplies

12 cots

12 lockers

12 shelves

2 sheets
1 blanket
1 large towel
6 washcloths
extra clothing
} for each child

2 adult rocking chairs

1 adult couch (optional)

first aid supplies

meal equipment -- dishes, feeding tables

potties

diaper changing supplies and changing table

diapers (25 "overnight" toddler disposable diapers per week per child)

housekeeping supplies

mops, pails, brooms, garbage pails, sponges

cleansers, soap, paper towels, toilet paper

diaper pails, disposable bags

As a final practical note, a toddler group will require <u>many</u> sets of extra clothes, particularly underpants, socks and slacks. Someone who is new to the business of wearing training pants can soak a pair of shoes or sneakers with just one "accident", so that slippers or extra sneakers may have to be kept on hand. It is rarely necessary for a center to have to buy extra clothing, as most communities respond well to requests for clean used children's clothes. The more specific the request can be the more likely it is to be successful. For example, a staff member may know of someone who is an active Sunday School teacher, interested in the center, but unable to find time to participate. A phone call to her asking if she would assume responsibility for finding 6 pairs of underpants and 6 pairs of slacks in the 2-6 size range is likely to have a much more satisfactory result than a poster in a supermarket which may result in boxes and boxes of inappropriate cast-off clothing. Parents may be willing to provide extra clothes, but migrant families do not travel with large amounts of luggage, and extra clothes may be difficult for them to find. Children and their parents are, of course, likely to place high value on their own clothes, and great care must be taken to ensure that children leave the center each day with the clothes they came in.

Chapter 9

Crying and the Relief of Distress[1]

Understanding crying and distress in order to prevent their unnecessary occurence and responding to them effectively are major concerns for anyone involved in caring for very young children. A quality day care program for babies and toddlers should provide maximum happiness and well-being for the children with a minimum of distress. There is little agreement in research on the significance of distress in young children and the best ways of reacting to it. Some studies suggest that responding to a young child's crying by picking him or her up, for instance, will result in an increase in crying over time, whereas if crying episodes are ignored, they will occur less often. Other studies support the alternative conclusion that responding quickly and appropriately to a child's crying will reduce the frequency of later fussing. Practitioners: parents, caregivers, and other people who know children well, have diverse points of view about distress and its management, too.

Coping with distress is complex; the answer is not as clear and obvious as either of the two points of view suggests. Babies cry for many reasons, and the reasons change as children get older. Therefore, this is an area where sensitivity to individual differences is crucial. Caregivers must work hard to understand and anticipate distress to be even partially successful in reacting to it. In toddlerhood, whining may replace crying as a way of expressing distress. Whining is, for some adults, even more difficult to interpret and respond to than the crying of young infants.

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[1] Taken from Willis, E.A. and Riccuiti, H. N. A Good Beginning for Babies. Ithaca: College of Human Ecology, 1974.

The core of our philosophy about crying in children of any age is that crying has meaning for the child. Although this discussion of distress is focused on babies, we feel that the principles apply equally well to toddlers. A wise caregiver always responds to crying, she notices it, considers its meaning and how she should react and then she reacts. This does not mean that a good caregiver always intervenes immediately when a baby cries. On the contrary, she may decide to wait to give the baby an opportunity to become quieted. Also, she knows that a baby may cry not because anything is physically wrong, but because he or she wants to be held close or played with. She respects these needs and attends to them as she does needs for food, rest or dry diapers.

The goal of a parent or caregiver is not to eliminate crying; it is one of the child's first means of communicating with other people. It continues to be an effective way of communicating even after other ways are available. Crying is one of the earliest methods a baby has of exercising some control over the world and learning that people are responsive to his or her initiations. In responding to distress, therefore, the caregiver's goals should be to help the child develop resources in coping with some problems and unpleasant situations, to learn to trust other people, to know that his or her needs will be met and to learn that he or she will be responded to and given needed help and relief.

There are wide individual differences among babies in the frequency, intensity, and causes of distress episodes. All normal babies cry at some time and under some circumstances, but there are not special cries for special occasions which are typical of all babies. It is true, however, that caregivers can learn the meaning of particular kinds and intensities

of cries in individual babies; that is, whether the cry indicates hunger, pain, mild fussiness or a rather half-hearted attempt to protest. There are vast differences in the ways babies show distress, just as there is great variability in the way they show pleasure. For example, a fairly mild cry by a baby who seldom gets upset would be more cause for concern than that same intensity of distress from a baby who is generally more irritable. Toddlers also use different kinds of crying to convey different messages to caregivers, but as children get older they become more skilled in communicating in other ways.

Babies also differ widely in their ability to quiet themselves, and, therefore, in the amount and kind of intervention they require to be consoled. Some young babies, less than three to four months old, become excited easily and are generally very fussy. They may need much direct help in quieting themselves. They might need to be picked up, carried and rocked, or, more indirectly, they might need care in a serene, consistent predictable setting. Caregivers should not worry about spoiling a young baby by responding quickly to crying; this responsiveness and help will keep the baby from becoming uncontrollably upset now and will aid in developing later skills for quieting himself or herself. Some young babies can quiet themselves and should be given this opportunity. The caregiver's response, in any case, depends on her understanding of the individual baby and her perception of the cause for distress. From the very beginning, the way the caregiver reacts to the baby's crying helps to build their relationship.

Causes of Distress

Individual babies differ; responses to distress will depend on both the baby and the situation. As babies become more active, more assertive,

develop some understanding of language and are more mobile, typical causes of distress change. As babies get older, their increasing understanding of the social and physical world means that caregivers must react differently to distress. There is typically more crying in the early months of life than later; individual babies may show much more distress during certain periods in their development than others. Young babies may cry at times when there seems to be nothing wrong, and the lack of an apparent reason for distress makes it difficult for the caregiver to respond appropriately. As babies get older, the reasons for crying become more obvious. Instances of crying may become fewer in number but more intense and more sustained.

Some of the most common reasons for distress in very young babies, less than four or five months, are hunger, tiredness, wet or soiled diapers, pain (gas, teething, colic) other discomfort (clothing too tight, too warm, too cool, an uncomfortable position), boredom (not enough going on to engage interest), a sudden change, a loud noise, sudden loss of support, bright lights, being placed in a bath, being picked up abruptly). When crying occurs for one of these reasons, the baby should be responded to immediately and appropriately. A caregiver will sometimes have to respond to crying in a trial-and-error fashion, even with a baby she knows well. Her manner should be deliberately gentle and soothing, because she and the baby are likely to be feeling impatient with each other and themselves as she tries to relieve the distress.

A more detailed discussion of some of the major sources of distress in the first year of life in a group care setting follows.

Early frustrations. Around three or four months of age, new causes for distress arise. Not only do babies continue to cry for the same reasons as earlier, but as they become increasingly aware of the world around them, they seem to develop some awareness of their limited repertoire of skills. By this age, a baby may have modest goals in mind, turning his or her head to follow a moving object while lying down, for example. The discrepancy between what the baby wants to do and what he or she is able to do becomes a source of frustration. A good example of frustration leading to distress is in the early stages of reaching, when the baby's aim and efforts are inaccurate and fumbling. After several unsuccessful attempts to obtain an object, some babies seem to become very angry with themselves, and cry vigorously. In some babies, crying decreases as competencies increase. They become markedly less irritable when they began to creep or crawl well. As babies are able to do more, their frustration decreases, and they are happier. As a baby becomes more mobile and takes a more active, assertive, adventuresome approach to the world, however, he or she is certain to attempt many dangerous things, to get into problem situations. New frustrations and a few scratches and bumps are inevitable. By giving appropriate help, setting up an environment with few hazards and reacting calmly but warmly when the baby gets upset, the adult can help the baby cope with limitations and at the same time learn a curious, investigating attitude toward the world.

Often babies become more impatient and easily upset when learning a new skill such as walking or crawling. Tolerance for frustration in most areas seems to drop as babies direct their efforts toward developing new competencies. At these times, caregivers should be especially patient and helpful.

Babies also become distressed very early in life, around three to four months, when something enjoyable is terminated, such as when an adult withdraws his attention or an interesting toy is removed. Crying sometimes indicates impatience, too, because needs are not being met quickly enough. Learning patience and the realities about the way the world works can begin early. There needs to be a balance between helping the baby, making the situation easier to cope with or rescuing him from it, and letting him or her work things out. For example, a baby who is upset because a toy is out of reach and who cannot move to get it should have it placed nearer. On the other hand, always accommodating a baby who does not like being put down or who protests the end of the lunch time applesauce may encourage the baby to use crying excessively. A better response to this kind of crying is to distract the baby by engaging his or her attention; introduce a new toy, for example.

Distress at naptime. This is a common occurrence with some babies. Crying or less intense fussiness and whimpering may be the major cues a particular baby gives to indicate a nap is needed. If awake when put into the crib, a baby may cry, perhaps loudly and intensely, before going to sleep. The baby may be irritated at having been taken away from activity and he or she is tired; both are ample reasons for crying. If the caregiver is fairly certain that the baby is sleepy, she should leave him a while to try to work things out. Because one of the caregiver's goals is to help the baby learn to quiet himself or herself, the caregiver may want to go in, talk softly and pat the baby. There is no set time for letting a baby cry at naptime before intervening because this depends on the baby and the severity of the distress. A caregiver who knows a baby well can tell when the point has been reached when he or she will need

help to get quiet and go to sleep. This might be as little as five minutes for one baby, or as long as fifteen to twenty minutes for another, particularly if the crying has been only intermittent.

When babies are around nine to twelve months old, the job of getting them to sleep may become easier; babies get used to the routine and seem to accept napping or resting when tired. On the other hand, some babies at this age become less willing to miss what is going on in the room, and taking a nap may become difficult. If the caregiver is to ensure that the baby's needs for rest and sleep are adequately met, firm, affectionate, but consistent handling is especially necessary with babies who resist naptime. The caregiver should not see herself as losing or giving in when she has to help a baby get to sleep or take him out of his crib when he will not rest. Toddlers may need a predictable and leisurely transition from the exciting world of play and lunch to nap. A quiet time on their cots with books and toys, a favorite record, a story and always the comforting presence of their familiar caregiver can help to make the settling down time pleasant for everyone.

Unpleasant encounters between babies. As babies begin to move around, opportunities to interact with other babies increase. Many pleasurable play situations occur as babies discover each other. There will also be occasions when a baby causes another baby to become upset by "exploring" too roughly or taking a toy, for instance. The caregiver should view these occasions as opportunities to help both babies learn appropriate ways of interacting. Both babies in such a situation need support, sympathy, and redirection. Often separating them is the best solution. She might introduce a duplicate toy if sharing is a problem. She should

comfort the baby who is upset, but her goal is to help both babies learn social skills. This might be a good time to introduce a quiet activity, or to put a baby in a crib or playpen with toys for a time to regain his or her calm and energies. Encounters with peers continue to increase as babies become toddlers, and the caregiver will continue to offer them the same kind of help she offers babies.

Fearful responses to strangers. Sometime during the last half of the first year of life, many babies go through a period when they show negative reactions to strangers. This period should be respected, and the baby's feelings should be considered in the day care program. The caregivers should keep in mind the importance of having familiar persons care for the baby each day and provide some protection from exposure to large numbers of people the baby does not know. During the time when a baby is especially sensitive, the caregiver will want to remain near, perhaps even holding him or her, when a stranger is present. Unfamiliar people viewed from a caregiver's lap are less threatening than those seen from the floor. On the other hand, caregivers must be careful not to be overprotective of babies who are distressed by strangers. If a caregiver runs to hold a baby protectively whenever a stranger enters and encourages the stranger to stay at a distance from the baby or leave the room, she may be teaching the baby that new people are to be feared. Rather, because of the caregiver's and baby's relationship of trust, the caregiver is in an excellent position to help the baby begin to react positively to new people.

Excessive confusion and change. Crying may both contribute to and reflect the atmosphere a baby is in. The overall atmosphere in a group

care center room is the noise level, the amount of activity, the calmness or confusion. Some babies are much more capable than others of filtering out distractions and unnecessary sights and sounds. More sensitive babies, less able to "turn off" distractions, become very upset when there are too many things happening. Planners of physical space and equipment as well as activities for babies must think about ensuring some calmness and serenity in the day. Babies who become upset because too much is going on need to be redirected to quieter, less exciting activities.

As babies adjust to being in a new environment with new caregivers, they may cry more than usual. This would also be true after a long time away from the day care program. After a few days, if a baby continues to show exaggerated distress and the caregivers cannot help, the mother should be asked about what could be done to make the day care experience more pleasurable. A toddler who whines continually is letting the caregivers know that needs are not being met. Adults should observe the child closely in order to interpret the message. Whining, like crying should be responded to as a distress signal. It is not good practice to ignore whining and crying in the hopes that this behavior will go away.

Many common causes of distress have been discussed. There are, however, even for the experienced caregiver, occasions when both the cause of distress and the appropriate response elude her; so, she attributes it to the weather or some change of routine. Often the cause of general crankiness becomes obvious in a few days, when the baby develops a cold, ear infection or some other illness. Here, too, parents and caregivers can be helpful to each other in looking for explanations.

Responding to Distress

We have discussed the ways caregivers may react to babies' distress. There are two additional, broader issues relevant to responding to distress: the appropriateness of giving and withholding attention in certain situations and how that affects the baby's use of distress to get attention; and secondly, the importance of giving babies some opportunities to learn to quiet themselves.

The importance of a great deal of individualized personal attention for babies' development and general well-being is stressed throughout this manual. While caregivers in a group setting have many demands on their time and energy, they must guard against giving babies attention only when they cry. Rather, they should respond to babies' positive social approaches and attempts to communicate. We believe that very young babies cannot readily be "spoiled;" that is, reacting quickly and perceptively to distress will help them learn to use their own resources later. As babies get older, however, caregivers want to avoid communicating that the most effective way of getting attention is to cry. People disagree about when babies begin to use crying in a deliberate way to get something they want. Whether or not they use distress in this way before the end of the first year is debatable. It is clear, however, that a baby learns very early in life that crying is a good way of attracting an adult's attention. If a baby is not sufficiently rewarded for more positive attempts to communicate, (being picked up when he or she reaches up, being smiled at when smiling, for example), the baby may learn to rely primarily on distress to get attention (behavior many people would regard as characteristic of the "spoiled" baby). It is also true that some babies

seem to want more attention than a caregiver can possibly give. When the caregiver feels that the needs of these babies have been met, including the need for individual attention in the form of social interaction and play, she might decide to ignore distress and see if its frequency decreases over time. With these babies, cooperation between parents and day care staff is imperative if changes are to be made in the use of crying.

Often the migrant baby in the camp lives with a group of people who enjoy holding young babies and giving them lots of attention. The baby may be given little opportunity to learn to quiet himself or herself, because cries may be quickly responded to by someone holding and cuddling him or her. The migrant baby also may find it difficult to adjust to the day care situation, where he or she must be more independent, better able to rely on his or her own resources. It is unrealistic to expect that the day care program can be a more powerful influence on the young child than the home. The best solution is a compromise. Respect the child's need for attention and the difficulty he or she may be experiencing in adjusting to the change; at the same time help the child to adjust gradually to being more independent.

In thinking about when and how she should respond to distress, the caregiver must keep in mind the importance of both giving attention and support, as well as helping the baby develop the ability to quiet himself or herself. Babies need to learn to work out minor irritations on their own. It is difficult but wise for a caregiver to respond by doing and saying nothing when a baby is complaining over a small problem. Allowing a baby to work out problems is one way a caregiver provides appropriate challenges leading to development of new competencies and skills.

The ability to quiet themselves when they are distressed is a dimension on which babies vary widely. Some babies, even if very distressed, seem to be able to calm themselves relatively easily after a period of upset. Other babies seem to have to cry themselves out; their periods of distress become more intense and more sustained than those of the other group of babies unless they are helped by an adult to quiet themselves. For one baby the caregiver may only need to say a few comforting words at a distance, while with another baby she may have to go over, pick him or her up and help the baby to stop crying.

In responding to distress, the caregiver looks first at the immediate situation for a cause. For example, maybe the baby is bored with a toy, perhaps he or she is in an uncomfortable position, is being bothered by another baby, or perhaps has had a toy taken away. If there is no obvious reason for the crying, the caregiver will think about the baby's schedule and look for signs that he is sleepy, hungry or needs a diaper change. If the fussiness is still unexplained, she thinks back to the mother's report and her own observations to decide if the baby is teething, reacting to medication, or may be getting an infection. Then she may consider the possibility of a change in routine at home or in the nursery that could be upsetting, such as a parent or caregiver being away or a stranger's presence in the room.

The most common, and most successful, responses to distress are functional: feeding a hungry baby, diapering a wet one, giving an interesting toy to a baby who is bored. At other times the caregiver first has to calm the baby by holding him or her, singing or talking quietly. Being comforted this way tells the baby he or she is cared about, and may take his or her attention off the unhappiness for a time. Older babies

can appreciate verbal reactions to distress better than younger ones. Often a caregiver can quiet an older baby just by talking to him or her across the room; younger babies need to be picked up or patted as well. The caregiver's reaction should match the distress. When a baby is really hurt or upset, it is not time for an opportunity to learn self quieting.

In a group program, prevention of distress should be as much a concern as coping with distress. A fussy baby makes an unpleasant, often tense, atmosphere for other babies and caregivers, and can cause more distress. The best way of preventing distress, or keeping it at a minimum, is anticipating needs before they occur. Know the babies' schedule and be alert to early signs of hunger, sleepiness, or irritability. Other guidelines for minimizing distress relate to points made in other sections of the manual:

1. Set up a safe, interesting environment that is not overly stimulating or too restricting.
2. Help babies learn to have pleasurable interactions with each other by protecting them from hurting each other as they begin to interact.
3. Provide many opportunities for success.
4. Give babies encouragement and help.

Many potentially distressful situations can be avoided by a sensitive caregiver who knows the baby's limitations and who does not see distress behavior as an effort to test her or make unreasonable demands. For instance, a baby who should not be hungry may get upset if he or she has to stand by while another baby is being fed. A perceptive caregiver, rather than ignoring the problem or punishing the baby for being unreasonable, will help to make the situation easier to tolerate. She might

help the baby get interested in another activity or allow him or her to participate by eating a cookie or a piece of fruit along with the baby being fed.

Most people who care for babies agree that coping with distress is one of their most challenging problems. This is partially because of the obtrusiveness of crying. A baby's crying tends to affect negatively anyone who can hear it. A period of prolonged fussiness and crying will wear down even the most patient and understanding caregiver. At such times, having another caregiver take over for a while may be helpful. Caregivers must be reminded that anger is always an inappropriate response to crying. Punishing a baby for crying serves no constructive purpose and may be harmful. A caregiver working with an irritable baby who will not be quieted needs support and relief from other caregivers, for these times are perhaps the most difficult aspect of caregiving.

It is important to note that crying is not the only way in which children indicate distress. Often a toddler who is extremely quiet, sad or withdrawn needs as much, if not more, help and attention from the caregiver as a child who is loudly demanding. Apathy, listlessness, passivity, may be signs of physical illness but they may also indicate unmet emotional needs. It is sometimes easy to overlook a very young child who makes no demands. One way to guard against this kind of oversight is by keeping careful written notes on the play activities of each child in the group. Thus, if a caregiver finds she has little or nothing to write about a particular child on a particular day, she is alerted to the fact that she may not have devoted much of her time or attention to that child on that day.

In general, having reasonable expectations and gearing the daily experiences to each child's developmental level and style will keep unnecessary distress at a minimum and will create a much happier setting for adults, babies and toddlers. Coping with frustration, learning to tolerate delays and disappointments, are challenges which sometimes lead to distress. The caregiver's role in reacting to babies' distress comes from a concern for making the child's experience as pleasant as possible, while at the same time, offering the challenge to develop his or her own resources.

Chapter 10

The Beginnings of Self-Control

Babies

It is surprising to some people that questions relating to setting limits and the beginnings of self-control, or discipline, are relevant considerations in working with groups of babies in day care. If one believes that babies' very early interactions with people and inanimate objects help them to learn about themselves and the world, then it follows that learning to guide one's own behavior in an adaptive way is important in infancy. The terms discipline, setting limits, guidance of behavior mean helping very young children begin to learn what is and is not appropriate behavior, to be aware of cues from other people about the effects of their actions, and to direct their own behavior accordingly. In the broad sense of the term, then, discipline implies sensitive teaching which provides opportunities for learning. As such, much of what is said in other chapters of this manual relates to the topic.

Parents may have strong feelings about how their baby is disciplined. At the same time, it is crucial that there be consistency between what is done at home and in the day care situation. Not only might there be wide disagreement about techniques of guidance, but the question of what is and is not appropriate behavior varies greatly with cultural preferences, social group membership and individual beliefs. Day care staff must realize that discipline is a subject requiring extensive communication with parents, and compromises may have to be made.

There are three types of situations in the first year of life that require babies to begin to learn to direct their own behavior: learning to get along with others, learning to wait, learning the rudiments of

of safety. Learning the give-and-take nature of interpersonal relationships, the pleasures as well as the frustrations of being with other people, is one of the most positive kinds of experiences infants can have in a quality group care program. Babies must learn to wait, to control impulses, to inhibit behaviors when the social situation requires it. A third impetus for setting limits for babies, trying to teach them to control their behavior, is a concern for safety -- the baby's own safety, that of other people around him, and protection of material objects. These three types of experiences will be positive only if caregivers understand the limitations of babies' abilities to guide their own behavior, and encourage them to be active, curious explorers of their environment rather than well-behaved babies.

Imposing restrictions, setting limits, helping babies learn controls must be balanced with the equivalent need of encouraging an active, curious, exploratory attitude toward the world. Too much emphasis on control, too many restrictions, will tend to discourage babies from exploring. An adult interacting with a baby should not be concerned primarily with helping produce "good" babies who "do not get into things," but, rather, active, curious explorers who do get into things. Caregivers should not be overly concerned with teaching babies to behave, although older babies are ready to begin to learn some controls. It is important to guard against either extreme: excessive control, on the one hand, or allowing babies complete license, on the other. Although the discussion here has stressed minimum controls to encourage exploration in children under the age of one year, there are, of course, some situations where, because there are more potential dangers in the environment, parents may want caregivers to place greater emphasis on learning obedience. Often, however, the environment can be changed to eliminate some hazards.

With younger babies, less than six to eight months, it is unrealistic to expect that they will readily learn to control their behavior or to obey. Always with younger babies, and often with older ones, the caregiver's approach should be to adjust the situation so it does not require unreasonable control by the infant. For example, she may remove the pencil that is being reached for, separate two babies who are pulling each other's hair or distract a baby who is trying to take a toy away from another baby. With an older baby, over six to eight months, while the caregiver may often simply change the situation to make it easier to deal with, she will also be aware that a baby at that age can begin to learn some control. She might, for instance, show an eleven-month-old some ways of interacting with another baby that are likely to be received more positively than pulling hair. Around the age of ten to twelve months, babies can begin to understand that their behavior may produce reactions of approval or disapproval from adults and they will guide their actions accordingly.

If a day care center provides an environment designed with babies in mind, most of the limits and prohibitions will have to do with interactions with other people. The physical environment will be such that restrictions on the babies' activities because of safety hazards are at a minimum. A good general guideline for caregivers is that they try to limit the number of occasions that call for repeated prohibitions and restrictions. Of course, if this idea were carried to an extreme, it would mean that babies would probably be kept happy at all costs. The goals of a quality day care program, much more complex and far-reaching than merely keeping babies happy or busy, include exploiting appropriate situations to help babies learn self-guidance as they explore. Some

examples of ways of minimizing the need for repeated prohibitions and restrictions can perhaps best explain the point:

-- a ten-month-old boy is obsessed with trying to climb up into the rocking chair. His desire to accomplish this far exceeds his ability. The caregiver, who is occupied with feeding another baby, cannot be with him to assist his efforts. She takes the ten-month-old to another part of the room, gives him a toy that interests him, and then removes the rocking chair temporarily from the room until she has time to help.

-- An eight-month-old is playing very busily with a pull toy that happens to be the favorite toy of another baby, who cannot sit by and watch this. The baby crawls over to take it away. The caregiver, understanding that the situation is very frustrating, sees this as a good time to involve him in a game with her.

-- A seven-month-old girl has picked up a styrofoam egg carton used as a nesting container for blocks by older babies. She begins chewing on it with enthusiasm. The caregiver, instead of continuously taking it out of the baby's mouth and encouraging her to play with it in other ways, takes the carton away and gives her a rubber squeeze toy to chew on.

-- Several mobile babies insist on crawling through an open door leading into a busy, unsupervised hallway. The caregiver closes the door rather than repeatedly stopping the babies' efforts to explore.

-- The caregiver is preparing lunch in the room for several babies at once, and the process is taking some time. One fussy eleven-month-old pulls himself up to the table and tries to grab the feeding dishes and jars. The caregiver puts him immediately in a feeding table and gives him some finger foods to work with. She realizes that she should begin earlier to get ready to feed this baby; she cannot expect an alert eleven-month-old to be patient for such a long time after he has noticed that she has started getting his lunch ready.

-- Two babies are together on the floor. One is very irritable and reaches out to pull the other's hair over and over at the slightest frustration. The caregiver perceives that the baby needs some time alone and puts her in a playpen with some toys.

The common element in all these situations is that the caregiver, sensitive to the baby's limitations, changed the situation according to his or her needs to make it more tolerable, rather than expecting the baby to change his or her behavior.

With older babies, there are some guidelines to help caregivers make a learning experience from a situation where the baby's activities must be redirected. If the caregiver is to help a baby begin to learn to direct his own behavior, her interactions with the baby must have a clear meaning. Therefore, for example, lengthy verbal explanations are largely ineffective in the first year of life. An adult's tone of voice can, however, sometimes effectively communicate approval or disapproval before the baby can understand the words. Also, any consequences should immediately follow the undesirable behavior they are intended to influence. For example, putting a baby in his crib for a few minutes

right after a hair-pulling incident will be more effective than if it is done an hour later.

It is never right for a caregiver to react in anger to a baby. Although a caregiver may become understandably irritated and perhaps even angry with a baby, it is important that she not react in a manner so clearly reflecting anger (as distinguished from irritation or impatience) that the infant may be made anxious or fearful. Physical punishment, such as slapping, pinching or biting back, is most certainly inappropriate and unnecessary for babies and may be harmful.

Some behaviors which might be undesirable in older children are, in babies, natural ways of exploring and being curious. When babies first begin to move around, they seem to be interested in each other not as people but as interesting objects to explore. Sometimes the exploring is rough, painful or at least irritating to the other baby. The caregiver's handling of these episodes will affect the child's feelings about himself or herself, attitudes toward other people and ideas about exploring. Caregivers should not base their reactions on the assumption that young babies intentionally hurt other babies.

Similarly, it should be recognized that babies have no sense of property rights and are not born with the notion of sharing; therefore, they may take toys from other babies. When younger babies, less than ten to twelve months, do this, and the "victim" does not mind, it is best for the caregiver not to intervene. As babies get older and have more awareness of others, or whenever one of the babies is protesting, the caregiver should intervene in order to redirect energy and attention so that the babies begin to learn more pleasant ways of interacting.

Sometimes a caregiver may decide in a certain situation that it is best if she does not intervene right away but gives two babies a chance to work things out by themselves. She would do this only in a situation where she is fairly certain that no one will be hurt. This is often a difficult judgment to make ahead of time.

Even younger babies can be helped to learn to touch and feel other babies in a gentle way. Instead of removing a baby's hand abruptly from another baby's hair, the caregiver can take the baby's hand and show him how to stroke hair, saying something like "That's right, do it gently." Caregivers do not want to discourage babies from interacting with each other. A baby trying to take a toy away from another baby can be given a duplicate toy that will sometimes satisfy him or her. The idea is for the caregivers to help the babies work things out satisfactorily. This is more difficult to do before babies understand much language than it is when they have at least some comprehension of what is being said.

When babies are old enough to understand, it is wise to let them know that certain behaviors are discouraged and that the consequences of these behaviors may be unpleasant. These consequences (for example, being temporarily removed from the play situation) should be carried out consistently and firmly, but with no display of anger. At the same time, the caregiver should be sure that she is not encouraging or rewarding undesirable behavior by giving the baby at that time lots of attention or something else pleasurable. The caregiver must be astute enough to sense the occasions when the baby is testing or teasing her with behavior, using it as a way of getting attention; she must not reward a baby for this behavior. These situations can be avoided by giving babies adequate attention at other times and responding to their needs quickly and sensitively.

So that there is some consistency, caregivers must discuss and agree on appropriate reactions to behaviors that are to be discouraged. For instance, if deliberate hair pulling is usually followed by being removed from the play situation for a short period, the baby will eventually learn that the consequences of pulling hair are not pleasant.

One of the habits that parents and caregivers can fall into easily is the misuse and general over-use of "no". There is often a tendency to use "no" too early and too often, so that it has little or no effect. Often caregivers, busy with a baby and unable to stop what they are doing and directly intervene, will say "no" to a baby from a distance in hopes that that will stop him or her. It usually does not. "No" can become effective when used with an older baby, it seems, only if it is used sparingly and is accompanied by some kind of direct intervention -- re-directing the baby, stopping the activity or removing him or her from the scene, for example.

Caregivers should keep in mind that guidance or discipline situations are learning situations, and that coping with a certain amount of frustration and tolerating delays are a part of daily experience. One-year-olds are ready to begin learning this. Caregivers should not and cannot always respond immediately to a baby's request or always acquiesce to demands. For instance, babies in group care need to learn to tolerate watching other babies eat when they are not eating. The caregiver might try to help a baby do this by getting the baby involved in an especially interesting activity. She would not expect a hungry baby to watch another one eat with any degree of patience, but because this is a realistic life situation, she would not necessarily try to avoid having it occur. She

would instead try to help the baby cope with the situation, perhaps by helping him or her find something else interesting to do.

Effective teaching of babies comes out of understanding normal development and knowing individual babies. Helping babies begin to learn some control is no different than helping them to gain other kinds of skills. It is important that caregivers view the babies' interactions with the world as a vital part of their development, a part of their emerging interest in acting on the world, in finding out how people and objects work, and how they can best relate to them.

Toddlers

Most toddlers enjoy being with children of their own age, but they are not often cooperative in their play. A room arranged so that children can enjoy simultaneous activities, but not necessarily interact with each other during them, allows children to move into social relationships at their own pace. It may work best to have several identical dolls rather than several different kinds, to have two identical large trucks or doll carriages rather than two that are different. It becomes possible, in the case of one child fighting with another over a doll carriage, to say, "Here is one for you, too; now you can push carriages together." In most conflicts over objects it works best to either find one child an acceptable alternative toy or to separate the two fighters and try to distract one or both.

Often, trouble, such as excessive fighting, crying, or restlessness, is an indication that adults are not understanding children's behavior; that they are failing to plan activities appropriate to the children's developmental level, or that the environment is too barren, or too stimulating, for the children. When a staff feels a toddler group is not going

well it sometimes helps to rearrange the environment. Sometimes a shift of scenery enables the children to play more productively.

Alterations in the immediate physical environment may also be necessary as a safety measure. An 18-month-old baby, determined to unplug extension cords, may well persist in his or her efforts to do so in spite of repeated attempts by adults to teach him or her not to. The most effective guidance technique to stop this behavior may be to change the physical environment by, for example, placing a piece of heavy furniture in front of the outlets. In another year the toddler's understanding and vocabulary will have increased sufficiently so that he or she will begin to understand and respect a brief adult explanation about the danger of pulling on an electric wire.

Other examples of difficult behavior in toddlers and a few possible solutions are listed below. These are only suggestions and they may not always work, but they are intended to convey an attitude of sensible loving matter-of-factness, a desirable quality in a toddler teacher. There are few if any suggestions of reasoning a conflict out with a toddler. Rational discussion is more appropriate for somewhat older children.

Situation	Possible Solution
1. One toddler bites another.	1. Comfort child who is bitten (if skin is broken first aid is needed). Pick up biter and remove to another location in room saying, "No, you must not bite -- it hurts."
2. One toddler takes another's snacks.	2. Say to snack snatcher, "This is your snack" (giving him his), "This is ____ snack." (name of child) Restore snack to original owner.

Situation	Possible Solution
3. Toddler refuses to put on jacket preparatory to outdoor play.	3. Dress others and take out. One adult can remain in with recalcitrant toddler after one offer (after others have left) to help him with his jacket.
4. Toddler insists on holding book adult is attempting to read to him and two others.	4. Adult says firmly, "No, I need to hold the one we are all reading. Here is one you can hold", passing him another book.
5. No. 4 solution does not work and toddler throws himself down in a screaming tantrum.	5. Another adult comes over, removes screamer to a corner where noise will not disturb anyone and tells him he can go back to the story when he has stopped screaming, or she will help him find something else to do.
6. Toddler cries loudly because she has wet her pants after taking pride in newly acquired ability to "be trained."	6. Adult takes her to the bathroom and changes pants saying, "It's okay -- everyone has accidents, here are dry pants."
7. Toddler, usually busy and cheerful, whines, tugs at adult, wants to be held.	7. Adult picks him up and cuddles him in rocking chair singing softly to him while checking subtly for signs of illness.

Situation	Possible Solution
8. At naptime one toddler repeatedly climbs off cot and runs around the room.	8. Adult warns once, "In the naproom you must lie on your cot." Tries to find a book or toy for child to enjoy as preparatory to settling down. If he persists in disturbing others, he and cot and one adult move to another area where he will not be a disruption.
9. Toddler makes repeated attempts to climb upon sill window.	9. Adult, "You must not climb up there. You might fall and hurt yourself. Let's move the toddler gym over by the window. Then you can climb it and look out of the window."

As with young babies, people who care for toddlers should remember that it is often the environment or situation that must be changed rather than the child's behavior. Conflicts, irritability, whining and other troublesome behavior will always be found in groups of young children who are just learning to recognize their own abilities and powers. Toddlers are developing coping skills requiring test situations that are not always happy ones for other people who find themselves unwilling participants in some of the tests.

The size of the group, the number of caregivers, the quantity and quality of materials, the physical environment, provisions for the satisfaction of physical, emotional, social and intellectual needs are all components of a good program for toddlers. Staff who are attuned to the needs of the children will need to make constant adjustments of

arrangements, schedules and spaces. Above all perhaps caregivers will have to remember that toddlers are the world's greatest imitators. If adults yell or scold, slap or shake children, the toddlers will do the same. If, on the other hand, the adults they love and admire behave in a consistently loving and thoughtful way, toddlers will try hard to exhibit this kind of behavior themselves.

Staff may be asked about requests from parents that disciplinary techniques be used with their child that are at variance with those we have suggested here. The parent of a two-year-old boy who bites other people may tell staff to bite him back, for example, or another parent may request that his child be severely scolded or spanked for toileting accidents. Clearly, staff must not do as the parent requests, but it can be a difficult matter to handle. "I'm sorry I can't do that but I'd like to talk with you to see if we can think of some other way to help _____," will have to be said, in words that the staff member can comfortably use. It may be necessary to inform parents that New York State Social Service regulations do not permit staff in day care centers to administer physical punishment or in fact to use humiliation as a form of guidance. A parent who can, with the help of a staff member, begin to rethink some of the techniques to be used in channeling or redirecting his child's behavior may become aware of the importance of appropriate adult models in the life of his young child.

The following suggestions for guidance of very young children are adapted from p. 14 of The Preschooler, a 4-H Youth Program from Cooperative Extension Service, Michigan State University:

1. Suggest things to a child in a positive way. For example, say, "Carry the glass of milk slowly", instead of "Don't spill the milk."

2. Use a smile and pleasant tone of voice in speaking to the child. Speak to him slowly and quietly, you will be more apt to get his or her attention.

3. Give few directions and suggestions at a time. We can talk so much the child becomes confused and doesn't know what to do.

4. You can often redirect undesirable behavior. When Pam and Mary call each other names suggest they get their dolls and play house or come with you to read a story.

5. Express your feelings to the child clearly. Use words that let a child know you still like him or her although a specific piece of behavior is not acceptable to you. For example, say, "Jimmy, keep your food on your plate" rather than, "You naughty child to make me do all that work."

6. Save the words "Don't" and "Stop" for emergencies when it is absolutely necessary to put a quick stop to what the child is doing.

Finally, the most important principle to keep in mind as adults work with children is that discipline should involve helping the child learn appropriate behaviors rather than merely teaching him what not to do. In many situations the adult should see herself as an ally of the child against unreasonable demands from the environment or situation in which the child lives. Children are eager to please the adults they care about. The warm relationship between a child and adult is the most powerful vehicle they have in helping the child learn to guide his or her own behavior.

Chapter 11

Feeding Infants and Toddlers

Nutrition and Feeding Routines

The following discussion of feeding routines and nutrition for infants and toddlers is composed of excerpts from "Nutrition and Feeding of Infants Under Three in Group Day Care" (U.S. Department of Health, Education and Welfare, Maternal and Child Health Service, Rockville, Maryland, 1971), and comments by the authors of these guidelines relating the information specifically to migrant programs.[1] The recommendations should be adopted only after consultation and discussion with local pediatricians and the program's medical and nutritional advisors, especially regarding nutritional and feeding practices for very young infants, less than six months.

INTRODUCTION

> Nutrition and feeding is an important part of day care services for young children. A child grows and develops more rapidly during the first few years of life than at any other time, and growth and development is closely related to nutrition.
>
> While providing the energy and nutrients needed for growth and activity, the act of feeding can be used to help the child establish warm human relationships. Such learning begins in the context of being cared for physically, particularly in the feeding situation. In the home it is a crucial experience in establishing the basis for the mother-child relationship, for as the child responds with anticipation of his mother at feeding time, he becomes able to distinguish her as a specific person.

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1 Excerpted material is single spaced; the authors' comments are double spaced.

Feeding continues to be a basis for learning experiences throughout these early years. As the child learns to feed himself, he is developing motor skills and finding out what he can do. Introducing him to different foods gives him an opportunity to learn more about the world about him and may enhance his ability to select and accept kinds and combinations of food which can contribute to a well-balanced diet. Eating habits and attitudes about foods formed during these early years may well last a lifetime. (p. 1)

OBJECTIVES

The objectives of any day care program in relation to nutrition include:

- Helping to meet the total nutritional needs of the infant and child;

- Providing food with consideration for the cultural patterns, food practices and socialization needs of the child and his family;

- Encouraging the development of healthful food habits;

- Providing appropriate food and feeding in a safe, clean and pleasant environment;

- Providing a continuing nutrition education program for the children, the parents, and the staff of the center. (p. 2)

PROFESSIONAL CONSULTATION

A nutritionist or physician should approve the policies and practices of the center regarding the feeding of infants and young children. The Department of Agriculture and Markets has a nutritionist on staff who is available to centers for help and consultation.

Preparation for Admission

When a young child begins coming to a day care program, it is very important for staff members to find out about the child's eating habits, his or her likes and dislikes. It is critical, especially with babies,

to provide some continuity between what is eaten at home and in the day care program.

> The importance of assessing the eating patterns of the individual child and his family cannot be overstated. All too often in the past, institutional meals have been planned for children without any consideration of the children's habits, likes and dislikes. The traditions and biases of those providing the meals have instead been the determining factors. Recent studies have shown important, and hitherto unsuspected, strengths in many ethnic diets. Those who are planning meals for day care centers should become thoroughly informed about the nature of such diets and know their strengths and weaknesses. Group feeding can be an important socializing and educational experience for young children, but not if the nature of the food is inherently unacceptable to the children. (p. 4)

NUTRITION AND FEEDING

It is important that staff of the day care program and parents work closely together to plan for nutritional care and feeding.

Children who are in the day care center for 4 hours or more should generally be served a quantity of food which will supply at least one-third of the National Research Council's Recommended Dietary Allowances. Children in the day care program for 8 hours should receive a quantity of food that will supply approximately one-half to two-thirds of the Recommended Dietary Allowances. Children receiving care for periods considerably longer than 8 hours may need to have a larger proportion of the Recommended Dietary Allowances provided in the center.

The number and kinds of meals and snacks served in the day care program will depend on the number of hours the children are present; the amount of food eaten while at the center and the meals they eat at home.

For infants, feedings at intervals no longer than 4 hours will generally be desirable during the hours they are in day care.

Meal times should be scheduled primarily to meet the children's needs. In the morning, children arriving before 8:00 a.m. may need breakfast soon after arrival, and those remaining at the center until late evening may need a light supper in addition to the noon meal and afternoon snack.

Because many children eat small quantities of food, their total intake may be divided into meals and snacks.

Snacks should be served at regularly planned times and include foods which contribute to the child's daily nutritional needs.

Suggested daily meal plans, including snacks, for infants six months to one year and for children 13 months to three years, are presented on the following pages (pp.4-5).

Foods for the First Year of Life

Formula, Milk and Water

Formula or milk ordinarily accounts for a major proportion of the total calories and various essential nutrients during the first 2 years of life. The choice of the kind of formula or milk must therefore be made with considerable care. During the first few months of life, the entire caloric intake may be from formula. However, according to current customs many parents add solid foods to the diet during the first month or two of life, and by six months of age, most infants receive approximately one-third of their calories from foods other than milk or formula.

Except when medically contraindicated for the individual child, it is recommended that the day care center use a single commercially prepared ready-to-feed formula.[1] Such formulas are pre-sterilized and do not require refrigeration, thereby providing a safe and sanitary method of feeding which overcomes the difficulty and expense of meeting sanitary code regulations for formula preparation outside of the home. Except in the rare instances when it is medically contraindicated, whole homogenized, pasteurized, vitamin D-fortified milk or evaporated milk should be used for older infants and children not receiving commercially prepared ready-to-feed formulas. Formulas and milks are discussed below in greater detail.

Iron-Fortified, Commercially Prepared, Ready-To-Feed Formulas. From birth until at least four months of age an iron-fortified, commercially prepared ready-to-feed formula is recommended.[2] This type of formula has particular advantages for use in a day care center from the standpoint of nutritional adequacy, safety, convenience, and storage. Such formulas will ordinarily supply adequate amounts of all the essential nutrients except fluoride.

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[1](Authors' note) Infamil and Similac are commonly used brands.

[2]The American Academy of Pediatrics recommends that such iron-fortified formulas be fed to age 12 months. It is desirable, however, for practices in the day care center to coincide with local medical practice.

Cow's Milk. In order to assure a reasonable distribution of calories from protein, carbohydrate and fat, it is generally desirable to continue the feeding of formula until the carbohydrate supplied by other food is sufficient to compensate for carbohydrate previously contributed by the formula. Usually by 4 to 6 months of age, the infant will be receiving daily the equivalent of at least two jars (8-10 oz.) of commercially prepared strained baby food. With the amount of carbohydrate supplied by this baby food, the infant may be given whole, homogenized vitamin D fortified cow's milk or evaporated milk instead of formula.[1]

Skim milk is not recommended as a beverage for infants or children less than two years of age. Although "half-skim" milk (2% fat) may be used for children between one and two years of age, particular attention must then be paid to total caloric intake and to the percentage of calories provided by protein, carbohydrate and fat.[2]

Water. Formulas usually provide enough water to meet the infant's needs and it will rarely be necessary to offer additional water except in a very hot climate. If water is to be offered to infants, a home sterilizer may be used to sterilize water, bottles and nipples at the same time. (pp. 6-8)

Consulting with parents and local pediatricians about feeding, especially of infants, cannot be overstressed. Professional consultation regarding the feeding of children under six months of age is imperative.

Foods Other Than Milk or Formula

Commercially Prepared Strained Foods. Strained foods such as cereals, fruits, vegetables should be added to the infant's diet according to the recommendation of the medical consultant or family physician. Although there is no need for foods other than iron-fortified formulas during the first 6 months of life, feeding practices are such that other foods are commonly introduced into the diet when the infant is 1 to 2 months old.

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[1] (Authors' note) Evaporated milk must be diluted by adding an equal amount of water.

[2] Suggested distribution of calories: Protein, 10-16%; carbohydrate, 35-60%; fat, 35-50%.

Usually cereals are started first, then strained fruits and vegetables are added.[1] At about 3 to 5 months of age, other foods such as egg yolk, strained meat, poultry and fish may be offered.

Commercially available strained foods should be selected with care since there are wide variations in the amounts of total calories and of individual essential nutrients.[2] For example, the total solids content and caloric density of soups and dinners are generally less than those of other products, and the protein concentration of high meat dinners is about one-half that of strained or junior meats but about three times that of products simply classified as "dinners". Additional seasoning, particularly salt, should not be added to commercial or home prepared infant foods.

"Table" Foods. By 6 months of age many infants will be receiving some table foods. Although commercially prepared junior foods have the advantage of convenience, it seems desirable to follow in the day care center those practices carried out in the home. Thus, infants receiving table foods at home should be offered similar foods in the center. Much of the food served to the one-year-old infant may be the same as that served to older preschool children in the day care program. (pp. 10-11)

FEEDING DURING FIRST YEAR OF LIFE

Feeding schedules for infants should be flexible and adapted to each infant's needs. The infant should be fed by one person insofar as possible and should be held in the caretaker's lap for feeding. As soon as he is able to sit without support he should be placed in a high chair part of the time. The time he spends in the chair can be increased gradually, as the closeness between child and caretaker changes in accord with the child's development.

When solid foods are first introduced, it is best to put only a small amount of food on the tip of a spoon and let the infant suck it off. A little time may be necessary for him to get used to the feel and taste of it. It is usually wise to add only one new food at a time. Do not force new foods. If a child refuses a new food the first time it is offered, wait a while before offering it again.

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[1](Authors' note) A nutritionist at Cornell warns against giving babies large quantities of cereal and neglecting vegetables and fruits as part of their daily food plan.

[2](Authors' note) In general, baby foods with a high sugar content, such as peach pie and blueberry buckle, should be avoided.

Between 7 to 9 months of age, most infants are ready for foods of coarser consistency--mashed, chopped or junior foods--and, after sufficient teeth have erupted, they will develop interest in chewing. Foods such as toast, Zwieback and crackers can be offered. When an infant shows interest in picking up small objects, particles or crumbs and putting them in his mouth, he is ready to be offered bits of food to pick up and begin finger-feeding. Chunks of cooked meat or vegetables, cubes of cheese, or wedges of fruit such as banana or peeled apple are good finger foods.

FOODS AND FEEDING FROM 13 MONTHS TO 3 YEARS

During the second and third years of life, the child grows much less rapidly than during the first year.

It is important to continue providing those foods which help to meet the child's needs for growth and activity. The gradual extension of the diet begun in infancy is continued throughout the preschool period. Larger servings of meat, fish, and eggs, as well as fruits and vegetables in addition to milk, provide the protein, minerals and vitamins required by the preschooler. The increased energy needs of the child as he grows older are provided for by larger amounts of cereals, bread, butter or margarine, potatoes and other foods as his appetite demands.

A sample daily food plan for children in this age group is shown on page 190. Other combinations of foods may be more acceptable to individual children and to most children in some cultural groups, and such combinations may be just as adequate nutritionally as the ones shown. It is important in planning meals to consider food preferences of various cultural groups.

Children should be served small-sized portions and be permitted to have an additional serving. A child will not eat the same amount each day. Appetites vary and food "jags" are common. If these normal variations are accepted without comment, feeding problems usually do not develop. Requiring that a specified food or amount of food be eaten may lead to overeating. It is possible that habits of overeating established in infancy and early childhood may contribute to the problem of obesity in later childhood or adult life.

A preschooler enjoys snacking and inclusion of nutritious snacks in the daily meal plan will help to assure that the child's nutrient needs are met. Milk, fruit juice, cheese, meat, eggs, fruit, raw vegetables, or bread and butter provide more nutrients than do carbonated beverages, candy and other sweets. Snacks should be small in amount and not served too close to meal time.

As the child enters the second year of life, his interest in doing things for himself increases. He will insist upon holding and drinking from a cup and may make awkward efforts to feed himself with a spoon. He also continues to use fingers for feeding. The "messiness" of a child learning to feed himself is to be expected. (pp. 11-13)

SAFE FOOD SERVICE

Clean food, proper food storage, suitable and clean equipment and good foodhandling practices by personnel are all necessary. Local and State health regulations regarding storage, preparation, service of food, and health of foodhandlers should be closely followed. Courses for foodhandlers are available in many communities through local health departments.

Formula, Milk and Water

As already mentioned, commercially prepared ready-to-feed formulas in individual disposable containers should be used unless the center can meet the standards for formula preparation and handling required in local regulations. Attention should be given to adequate space for storage, and formulas should be stored at the temperature recommended on the container.[1] If a medically prescribed special formula is necessary for an individual child, preparation methods should be approved by the medical consultant and the formula labeled so that it is readily identifiable as being for the specific child.

Formula remaining in a bottle at the end of a feeding should be discarded with the bottle.

When feeding whole fluid milk, only pasteurized, vitamin D-fortified milk or evaporated milk should be used. For older infants, milk may be poured directly from the container into sterilized bottles or into cups. For bottle feeding, sterilized nipples should be used.

A home sterilizer may be used to sterilize bottles and nipples for feeding water and fruit juices. Juice should not be heated because some loss of vitamin C will occur. To sterilize, wash the bottles, nipples, and other equipment thoroughly in hot water with a detergent. Rinse all items well and force water through the nipple holes. Put nipples in a clean jar with a perforated lid. Arrange empty bottles and nipple jar, bottom side up, in a sterilizer rack and put rack into sterilizer. In remaining space, put funnel or other equipment used. Put into the sterilizer the amount of water recommended by manufacturer and cover. Bring water to a boil and continue boiling for 5 minutes.

[1] (Authors' note) A refrigerator, or some alternate means of refrigeration must be located near the feeding area, for storage of bottles, juice, open jars of food.

> Any private well water supply should be approved by the health authority before it is used. (pp. 16-17)

Commercially prepared, ready-to-feed formulas, in individual disposable containers are most desirable because of convenience and sanitation, but their cost may be prohibitive. An alternative procedure is to use 32-ounce cans of ready-to-feed formula to fill individual bottles. Unused portions must be covered and refrigerated and should be used within three days. Concentrated or powdered formula may be used but require more preparation time. Formula of any kind in a nursing bottle or open can should not stand at room temperature for more than 30-40 minutes.

Glass bottles are unsafe for use in a center, especially with older babies, who may drop or throw them. Plastic bottles with disposable liners are relatively expensive, and some have short nipples which many babies reject. Standard plastic bottles are difficult to keep clean, because eventually the plsstic begins to absorb the liquid. When this happens, they should be discarded. If a conscientious effort is made to keep them clean, however, plastic bottles seem to be the best alternative for older babies. Only the amount the baby will drink should be poured into the bottle, and any milk left in a bottle after a feeding should be either discarded or refrigerated immediately and, if unused, discarded at the end of the day. For babies under 4 months, where sterilization and standards of cleanliness are of greater concern, it is urged that formula in individual disposable containers be used or that the above sterilization procedure be used.

Foods Other Than Milk or Formula

> Commercially prepared strained and junior foods should not be fed directly from the jar. A serving should be removed from the jar and placed in a clean dish. Opened jars of baby food

should be covered, dated and refrigerated. The contents should be used within 48 hours.

Foods requiring cooking or other preparation should be prepared in the day care center or purchased from a reliable contract facility. Home-prepared foods should not be permitted in the center. Portions of foods that have been served but not eaten should be discarded.

Foods should be stored at proper temperatures at all times. Much food is perishable and should be kept refrigerated at 40°F. or less at all times. Frozen food should be stored at 0° to -10°F. and kept frozen until used. Once thawed, it should not be refrozen.

FOOD PREPARATION

Nutritional adequacy depends not only on good planning, selection and storage of food, but also on how it is prepared and cooked. Menus should be planned for at least two weeks at a time. A suggested daily meal plan is shown on page 191.

Standardized recipes should be used to assure consistency of quality and quantity of food. Recipes should be kept in a file or notebook which is readily available to the persons responsible for menu planning, purchasing and preparation. Standard cooking utensils also help to assure a uniform yield each time the recipe is prepared.

Because young children need to learn the natural flavors of food it is recommended that foods for them not be highly seasoned. They usually prefer dishes that are mild flavored, simply prepared and served at temperatures neither very hot nor very cold.

FURNITURE AND EQUIPMENT FOR FEEDING

Furniture

Furniture used at mealtime should be suitable for the size and developmental level of the children. A setting that includes both adult- and child-sized furniture may seem most homelike and therefore more comfortable to some children. The furniture should be safe, durable, and easily cleaned.

If infants unable to sit alone cannot be held for feeding (which is preferable) they may be placed in infant seats with safety straps. Active infants are capable of tipping over infant seats; a staff member should attend them closely at all times.

Infants able to sit without support may be placed in high chairs or feeding tables. High chairs should have broad bases and safety harnesses.

Dishes and Utensils

When selecting dishes and utensils for food service and feeding of children, consideration should be given to such factors as suitability for the child's stage of growth and development, safety, sanitation, storage space, cost, available personnel and equipment for dishwashing.

A small, shallow, narrow-bowled spoon is recommended for feeding small infants. Dishes and utensils used by toddlers should be scaled to their size. Short, straight-handled spoons with shallow round bowls and straight-handled blunt-tined forks are recommended. If disposable dishes and utensils are used, they should be sturdy enough to prevent them from being a safety hazard. As a general rule they are not recommended since children have difficulty using them. Glasses and cups should not tip easily, and should be small enough for the child to hold in his hands.

Disposable dishes and utensils should be used only once and discarded. Dishwashing procedures should conform to standards established by local health agencies. (pp. 17-19)

A SAMPLE DAILY FOOD PLAN FOR CHILDREN 13 MONTHS TO 3 YEARS[1]

Foods	Amount Each Day	Average Size Serving[2]
MILK (whole, evaporated, skim, etc.) (Cheddar cheese may be used occasionally in place of milk)	2-3 cups	1/2 to 1 cup (4-8 ounces)
MEAT, POULTRY, FISH, EGGS As alternate; cooked and mashed dry beans or dry peas, cottage cheese, smooth peanut butter may be used occasionally	1-2 servings	2-4 tablespoons (1-2 ounces)
VEGETABLE-FRUITS	4 or more servings	
A dark green or deep yellow vegetable for vitamin A	1 serving at least every other day	2-4 tablespoons
Fruit or vegetable high in Vitamin C	1 serving	1/4 cup juice
Other fruits and vegetables including potato	2 servings	2-4 tablespoons
BREAD AND CEREALS Whole grain or enriched, (Choose a cereal fortified with iron for the child 18 months or under)	4 or more servings	1/4 cup cereal or 1/2-1 slice bread

VITAMIN D - Present in vitamin D-fortified milk or may be supplied as a concentrate if prescribed by a physician

PLUS OTHER FOODS

Other food such as margarine, butter, or other fats and simple desserts such as milk puddings and fruit desserts, may be used to satisfy the child's appetite and to provide energy.

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[1] This is a suggested plan. Centers participating in a special food program should make certain that the plan meets its specifications.

[2] Size of serving will differ for individual children; some may want smaller amounts, some larger. (pg. 14)

SUGGESTED DAILY MEAL PLANS[1]

For infants (6 months to 1 year)

BREAKFAST:

Cereal (iron-fortified)
Egg[2]
Formula or milk

MID-MORNING:

Orange juice

NOON MEAL:

Vegetable
Meat
Formula or Milk

MID-AFTERNOON:

Formula or milk
Crusty enriched bread or crackers

EVENING MEAL:

Cereal (iron-fortified)
Fruit
Formula or milk

For children (13 months to 3 years)

BREAKFAST:

Fruit or juice
Cereal (iron-fortified)
Milk

MID-MORNING:

Milk or fruit or vegetable juice
Whole grain or enriched bread

LUNCH:

Lean meat, poultry, fish or egg, or alternate
Vegetable
Whole grain or enriched bread
Fruit
Milk

MID-AFTERNOON:

Milk or fruit or vegetable juice
Enriched cracker

EVENING MEAL:

Meat, poultry, fish, egg or alternate
Vegetable
Whole grain or enriched bread
Fortified margarine or butter
Fruit or plain pudding
Milk

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1 The meals for the entire day are shown so that parents and staff of the day care center can plan together for an adequate diet for the child. (p. 15)

2 (Authors' note) It is not uncommon for some babies to be allergic to eggs, especially the whites, and orange juice.

Feeding is a good example of what might be regarded as a routine or obligatory care activity, but it serves several important purposes. Besides satisfying the baby's nutritional needs, feeding time is an opportunity for a young baby to have the caregiver alone, to be talked to, to be close. For an older baby, it also becomes a time to find out about new tastes, textures and colors, to begin to learn names of common objects, to master the difficult job of holding a spoon, maneuvering it into the dish and balancing it all the way from the dish to the mouth. Learning to hold one's own bottle and eventually to manage a spoon and a cup represent early and important achievements in a baby's increasing efforts to master the world. The handling of these early attempts at mastery and control by those people caring for the baby lays a base for general attitudes about trying new things, persistence, success and failure.

The nature of the feeding experience changes greatly in the first year of life. The close, peaceful time when a caregiver holds a drowsy baby and gives him or her a bottle soon gives way to a much less serene, more exciting scene when the baby is sitting in an infant seat being given solids. Eventually the baby takes over much of the responsibility for eating, sometimes acting with more enthusiasm than skill. During the second six months of life, the feeding situation becomes much more a social time, a time to talk with, smile at other babies, and perhaps share food. Feeding should be viewed by the caregiver as providing a variety of opportunities for meaningful experiences.

Links with Parents

With babies of any age, feeding is an area of care where knowing what has been happening at home is particularly important. Near the

food preparation area, keep an up-to-date list of what foods each baby can eat and any special diet information, such as special likes and dislikes or food to which he or she is allergic. A daily record of when, what and how much a baby eats should be kept so that the parents can be informed. New foods usually should be introduced at home at the discretion of the mother, rather than in the nursery.

Parents may have special food requests because of cultural or religious background. These practices should be respected and made clear to caregivers so they do not violate them. If a parent asks that a baby be given new foods, they should be introduced one at a time, not mixed simultaneously. Thus, if an allergic reaction occurs, it will be easier to isolate the cause. Caregivers need to know when the baby has been given a new food at home, so that they can begin to include it or can watch for a reaction to it. Caregivers should be told of any changes in feeding necessary because of minor illnesses.

Information from parents, combined with cues from the baby, and the caregiver's knowledge of the baby's schedule determines when the baby should be fed. This approach is a modified demand schedule. Anticipating hunger and feeding a baby before he or she gets upset will make feeding time much more pleasant and relaxed. In younger babies, cues for hunger may include crying or fussiness (especially when the baby has recently had a nap and has been changed), sucking fingers or hands or just making sucking movements. Older babies are less subtle about being hungry. They cry, too, but if possible, they may go where another baby is being fed to watch, cry or try to get the other baby to share. Infants may alter feeding schedules for a variety of reasons other than how long ago he or she ate. For example, a baby who is ill or teething

may suffer a complete or partial loss of appetite. A baby going through a growth spurt may need more frequent feeding or larger amounts than normal.

It is easy in a group program to misuse food by falling into the habit of using it as a major pacifier, to calm a baby and relieve tension. Occasional use of a cookie or bottle to console or comfort a baby is normal and effective. Usually, however,using food to quiet an infant when he or she is not hungry can establish an undesirable pattern.

Feeding Time: Caregiver and Baby Together

In a group program, especially, feeding time without preparation can be chaotic and no fun for anyone. Planning and awareness of the importance of the setting are the best preventative measures. If possible, feed babies in a realtively quiet place, especially if a baby is easily distracted by what is going on in the room. The caregiver can be more attentive to the baby or babies she is feeding if she does not have to be surveying the room constantly. As is true in other areas of giving care, the caregiver's enjoyment of the feeding situation can contribute to its being a pleasurable experience for the baby.

With younger babies, and when any new baby comes to the program, several purposes are served by having the same caregiver feed a baby regularly. In general, this arrangement facilitates their getting to know one another. The caregiver can learn how fast the baby eats, how much and the baby's style. The baby, interacting pleasantly with a caregiver, learns to know her as someone he or she enjoys being with and can trust.

Even if they are able to hold their own bottles, babies should be held when they are having a bottle. This is a special time to be close to an adult. Propping bottles in a crib or on a pillow for younger babies is a dangerous and undesirable practice because of the possibility of choking. Putting food, mixed with milk, in a bottle is not recommended because the baby tires of sucking and does not get as much food. A program in which babies are not usually held when they have their bottles is probably in need of either more caregivers or a discussion of the importance of close one-to-one contact between babies and adults.

In a group program it is likely that the babies' schedules will be different so that everyone will not be hungry at the same time. It is possible, however, for a caregiver to feed two babies at once and have it be a pleasant experience for all three of them. The kind of feeding required obviously determines how many babies a caregiver can feed at one time. She can feed solids to two babies who are seated in feeding tables or high chairs; when the babies have started feeding themselves, she can manage more than two.

The caregiver should let the baby determine the pace of the feeding situation and adjust herself to how quickly or slowly the baby wants to eat. Especially with young babies, pacing the feeding is a part of individualizing care. Some babies drink very fast and efficiently, while others are slower and may lose interest or become tired before they have had enough to drink. Caregivers should be aware of this. Adjusting the size of the hole in the nipple may help to make feeding more relaxed. A baby should not be rushed in his eating. Some babies are no-nonsense eaters, that is, they eat at a fast pace, are very business-like and seem to encourage the caregiver to be the same. Other babies, who may

enjoy the food just as much, are more receptive to talking and socializing during feeding. Caregivers should respect these differences and adjust their behavior to them. If a baby rejects a food one day, the caregiver will make a mental note of it and reintroduce the food in a week or two when the baby is hungry.

Some very young babies like to assist the caregiver with feeding by putting a hand into the mouth when it is full of solids and grabbing or batting the spoon. A small toy sometimes will keep the hands busy. Feeding babies solids is no job for a fastidious caregiver, especially when babies are learning to feed themselves. By the end of the feeding session, the baby, the chair, and probably the caregiver will need to be wiped clean. The caregiver must be careful not to have too high expectations for the baby's competencies. Any feeding situation should be free of unreasonable demands for neatness, attention to the job and persistence; caregivers should be especially careful to establish a relaxed atmosphere for babies beginning to learn to feed themselves.

Caregivers take cues from a baby's interest in grabbing the spoon or "helping" to begin helping him or her learn to eat alone. A baby can be given a spoon to hold while being fed. Finger foods such as teething biscuits, cookies or dry cereal offer an easier beginning for self-feeding. While these require small motor coordination, they are easier to manage than a spoon. The baby learns to enjoy feeding himself and gains some control over his world. These early attempts should be rewarded with enthusiasm and delight by the caregiver. She should encourage the baby's efforts and give help, for instance, in getting food on the spoon; she should not insist on his completing the job himself. When a baby is just beginning to master self-feeding, the caregiver should not rely completely

on him or her to get enough to eat. Provide some finger foods at each meal to supplement what is spoon-fed by the caregiver.

The baby should not be forced to eat; the caregiver responds to the baby's interest or lack of it. If the baby's loss of appetite persists over several days, parents may wish to check with their physician. The opposite is not true; babies should not be fed every time they ask for food. An older baby may still be smacking his or her lips and protesting as the caregiver removes the dish that ten minutes before was heaped with food. Babies are subject to suggestion as are older people, and in a group program there will be many times when the sight of another baby eating will cause a baby to ask for food. Caregivers should use discretion with food and should use it only when the baby is hungry.

When a baby has had enough milk, he or she will generally either refuse the bottle and start to fuss, or will start to play with it. The baby may also allow excess milk to dribble out the side of his or her mouth. Hunger satisfied, the baby may fall asleep. Some babies will suck for only a few minutes, fall asleep, and awaken in a short time to repeat the cycle. This can be avoided by knowing the baby's schedule and feeding before he or she is sleepy. Talking to a baby, playing with his or her hands and feet or touching the baby's forehead with a damp cloth occasionally will help to keep him or her awake. This, of course, does not mean that a baby is forced to eat or that feeding time is a frenetic, stimulating time. On the contrary, it should be a relaxed, quiet time. Older babies are not so subtle about telling the adult when they have finished but will cry, try to get down, turn away, spit the food out, play with it, leave the scene, throw the food on the floor or refuse to open the mouth.

Quiet play is best after eating, so the baby might sometimes be left in the feeding table with some toys. Babies, especially those prone to spit up, should not be put on their stomachs immediately after eating.

With any group of babies there are likely to be some nutritional problems, with allergies or overweight babies, for instance. Caregivers should tactfully suggest to parents changes in diet or that a problem is serious enough to consult a pediatrician about it.

Some Practical Considerations

Older babies may want to be fed immediately after awakening from a nap. The sight of someone else eating seems to make them very hungry, so it is best to set up so that several babies can be fed at once. By one year, most babies eat three meals a day with a mid-morning snack of a cookie and juice or fruit. The policy of not introducing new foods at the nursery should be observed with older babies also.

Babies younger than four to five months are usually fed solids in an infant seat or while being held. Individual feeding tables surrounding the baby on three sides, with a flat surface and a raised edge, are good for feeding a baby solids or letting him or her pick up finger foods. A group of older babies may enjoy sitting around a table together for lunch with a caregiver. If there are self-feeders in the group, the caregiver can supervise the table easily. Food should be kept simple and manageable. As much as possible, all the babies should get the same thing to eat.

A sheet of plastic under the feeding area makes cleaning easier. Usually a baby will start drinking from a cup at home. When the mother

reports this, the baby should be offered a cup at the nursery. Cups with a weighted bottom and a lid with a mouth piece means fewer spills and easier handling by the child.

Feeding problems in the first year vary. Many are minor and can be prevented with forethought, planning and cooperation between staff and parents. Feeding time should be enjoyable, so if a baby is upset or is not interested in eating, the caregiver should be flexible enough to postpone feeding. With certain babies, she would decide this after some effort, however, because not all babies are enthusiastic eaters. Some babies prefer a particular type of nipple or bottle and will drink juice or water much better from the kind with which they are familiar. A baby who refuses a bottle should be offered some juice, cereal or fruit, vegetables or meat (depending on age). Mixing a new food or one that the baby is not fond of with one of his favorite foods often makes it more palatable.

Babies should not be fed directly from the jar or container the food came in; the portion the baby is expected to eat should be put into a dish. This will prevent bacteria growth and spoilage; it also means that the remaining food can be used by another baby. Opened jars of food should be used within 48 hours, even if refrigerated.

Some authorities in early child care say that in the first five to six months of life, the feeding experience is perhaps the most important single situation for close contact and interaction between a baby and the caregiving adult. This close situation is one where a baby learns some of the pleasant contingencies, some of the ways to cause something to happen, such as a smile will get a smile, coos or babbles will bring

a word. Feeding time should be a learning time, a fun time, even if just to find out if a thumb can be fitted into a mouth already full of green beans.

The Nutritional and Emotional Aspects of Eating[1]

One of the most important elements of the migrant child care program may be the nutritional component. A child cannot grow well physically or mentally without an adequate diet. It is believed that a large part of a child's learning potential is developed in the first four years of life. If a child does not receive an adequate diet during these early years, development may be hindered for life. It's hard, if not impossible, to make up for a poor start when you are older.

For children there is much more to good eating than serving them good food. You may have knowledge about buying food, planning menus and preparing food, but all this doesn't mean that the children you care for will eat it. The same is true of school lunches. The menu in the paper may sound adequate, but often everything but the bread and dessert gets scraped into the garbage pail.

From the very beginning of life, eating or being fed is a function rich with emotion and meaning of the greatest importance to the individual. Infants eat to live, just as we all do; but the infant is fed by the mother, or mother substitute, and thus, eating becomes much more than a means of satisfying hunger. It serves to relieve tension and gain wonderful satisfactions; ideally, it becomes a shared experience where the child may feel either accepted or rejected. You do a lot of communicating when you feed a child. You may communicate love or hostility, security or isolation, or

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[1] Adapted from Blossom, M., Those Important Preschool Years, Columbia, Missouri: Extension Division, University of Missouri. Used by permission of the author.

other feelings. Understandably, then, this is a type of experience that influences the individual's attitude toward food and eating all through life. It also plays an important role in the development of personality.

Since we're talking about children, let's use a simple ABC approach Let's have the A in the alphabet stand for acceptance. Accept each child. Don't single a child out to criticize manners and eating habits. Love each child and accept each child--even when that child stuffs food in his or her mouth with both hands when a state inspector is visiting or turns up his nose at a special casserole. Accept him even when he blows bubbles in his milk. The kind of table manners a child will acquire in the end will depend upon the example set by adults and not on the amount of pressure to meet certain standards. The most important goal of all in the eating situation is that of ensuring a positive, accepting attitude toward eating. Everyone eats better in a friendly, accepting atmosphere.

Balance meals. Let's start with breakfast. We are in such a rut about what we eat for breakfast that if it's anything but the usual bacon, eggs, toast, or cereal, we turn up our noses. Not so with kids. Breakfast is an important meal; research has proven this. So, if the children in your center will eat soup and sandwiches for breakfast, that's fine. Some adults think eating a huge bowl of old stick-to-the-ribs oatmeal every morning is a must for young children. It may make the adults feel better, but it only makes the children learn to hate oatmeal.

Somewhere along the line, people decided that hot food was better for us than cold; thus, the school lunch became known as the hot lunch. Actually, cold food and hot food all end up the same temperature in your stomach so it really doesn't matter what temperature it was when it arrived. A cold breakfast is just as healthful as a hot one, depending entirely on the food included.

A good rule to follow when balancing meals is the daily basic-four plan. This plan is just a simple way of helping you remember what sort of foods people need each day. It includes meat, milk, vegetable-fruit, and bread-cereal groups.

When you're balancing meals, don't forget to count snacks. Some children eat more snacks than they do meals, and this is perfectly alright as long as the snacks aren't all sweets and starches. Sometimes adults can't manage the children very well or don't want them bothering them so they give the children crackers or bread to eat, thus keeping them occupied. This is a bad habit to begin. The child has no appetite for other food, tends to gain too much weight from all the starch, and besides--a child needs to be played with by adults. All eating and no playing makes Jane a very fat and stupid girl.

A child who gets a balanced diet doesn't need vitamin pills. Only give a child vitamins if the doctor thinks it is necessary. Too much milk is another common problem. We used to think the more milk a child drank, the healthier he or she would be, but we've learned this isn't true. Milk is low in iron, which is necessary for building good blood. Children who drink large quantities of milk and don't eat much else (especially meats) are quite often anemic. Anemia is an iron-deficiency disease.

C is for <u>coaxing</u>. The rule here should be encourage, but don't urge or force. According to the psychologist, Jersild, a child's feeding difficulties may be an expression of anger (what better way to get revenge on adults than by refusing to eat?). Feeding difficulties can also be due to fear. A child's feeding problems may be a way of calling attention to self and feeling powerful. For these reasons, coaxing does little good and can do great harm.

Sometimes we coax children to clean up their plate so they can get dessert. This has happened to too many of us. We see desserts as "rewards." When we've worked especially hard cleaning house or washing the car, we "reward" ourselves by sitting down to a nice calorie-laden piece of chocolate pie or we eat a candy bar or some other fattening food. Desserts should be good foods, such as fruit, pudding, custard, oatmeal or molasses cookies. Then, if the children eat it along with the rest of the meal and don't save it until the last, it won't matter.

D is for Dawdling. Along the same line as coaxing a child to eat more is coaxing him to eat faster. A young child learning to manage self-feeding is learning a new skill. We take it for granted, but the child gets tired easily. Dawdling usually reaches a peak between ages three and four, the time when the young child's ability to self-feed has not yet developed to the point where he or she can eat and listen to others or watch what they are doing. You may have to gently remind the child to eat.

E is for emotional environment. Emotional environment is very important. When we're tense, nervous, tied in knots, we usually don't eat well. Children who are nervous may even vomit after eating. Too often, mealtime is battle time. No one enjoys eating with quarrels going on or with someone nagging them to sit up straight or to mind their manners. Some very sensitive children may become so tense and nervous that they can't eat at all. Physical environment is important, too. If possible, children's feet should touch the floor when they are eating. Eating all your meals with your feet dangling is not very comfortable. Small utensils such as a salad fork, juice glass and salad plate make eating more manageable for a child.

If you don't think environment affects eating, think what a restaurant does when they want to charge top prices for their food. They turn down the lights, put some fancy wallpaper or paneling on the wall, put a carpet on the floor to deaden the sound, and put a fancy name over the door. We call this atmosphere, and are willing to pay a great deal for it. The food always seems to taste better, too. Maybe it tastes good to us because we think at the prices they charge, it HAS to be good.

F is for <u>feeding problems</u>. Many so-called "feeding problems" arise simply from the fact that the adult is trying to overfeed the child. We seem to think if a little food is good for the child, more would be better. If a child really has a feeding problem and seems to have no appetite, it could be a sign of several things:

a. The child may be in a growth lag or slowdown period. During the second year of life, most babies' growth rate decreases. If it didn't, they would become big as elephants. Babies obviously can't continue to grow and eat at the same rate they do the first year, but many adults become quite upset when babies who used to eat almost anything, lose some of their interest in mealtime.

b. A baby's gross motor drive, which is responsible for learning to walk, may also interfere with meal time. It becomes impossible to sit still; many of you have finished feeding a toddler while he or she is standing backward in the high chair.

c. Another interference stems from the child wanting to feed him or herself but not being able to do so. Helping fill the spoon and providing lots of finger foods will help with this problem.

d. Around 21 months of age, a child may not eat unless certain rituals are followed--a certain bib, a certain spoon, a certain dish and so forth must be used. Around 2-2 1/2, a child may even insist on the same food at every meal.

e. The thin child who seems to care very little for food may do better on four or five small meals daily instead of three big ones. This is difficult in a group program but can be done. A child's hunger may be short-lived, and waiting until mealtime may cause loss of appetite.

f. Another problem arises when we decide how hungry the child is. If we aren't hungry, we simply don't eat much, but if the child isn't very hungry, we don't allow him or her to cut down on intake (at least, not gracefully).

Without interference, a healthy child enjoys eating; it satisfies a basic need.

Guidelines in serving size and appetite at various ages may be helpful in making decisions about feeding children. As was mentioned, the baby, in the second year of life (that is, between ages one and two), has a reduced appetite which is certainly normal. The time between ages two and three may be most distressing. Food jags are common and should be respected. The child also may want foods to be served separately, without having one food touch the other on the plate. Plates with divisions are good for some children. They may turn up their noses at casseroles for the same reason--they don't like foods mixed together.

New foods should be introduced in very small helpings, even teaspoon-sized. The best time to serve a new food is when the child is very hungry.

The beginning of a meal is a good time. Another good time is between meals as a snack. If a child doesn't like a new food, do not try to force the child to eat it. Try it again at another meal. Remember, too, children will copy the adults they see eating. If you refuse a food, the child may also refuse it. If you taste it, so might the child.

A common guide to serving sizes for children is a tablespoon of each food . These are small portions, and children should feel free to request second helpings.

The three-year-old has less fluctuation in appetite and can usually chew fairly well, so doesn't need as many soft foods as a younger child. Babies and toddlers will often chew on anything, including you, but spit out any food that has a texture firmer than pudding. Children need a variety of textures in their food. Some crisp, chewy things are needed to help develop their teeth.

Health is, of course, a problem very much related to food and eating. The reason we need to eat and are concerned about diet is because our bodies need food to function and be healthy. You may have heard the saying, "A fat child may become an overweight teenager and a fat adult." We are still obsessed with children cleaning their plates, and there are many parents who measure their success as a parent by the plumpness of their children. This theory works great with cattle, but not children.

In conclusion...

The first thing many people think of in relation to children and mealtime is teaching manners. We sometimes get so involved with making sure the child says "please" and "thank you" that we forget to notice that he or she is no longer enjoying the food. Manners, like much behavior, are "caught," not taught. If you are polite at the table (and other places!),

the child will follow your example. Little shared hints, such as, "I always set my milk glass in front of my plate so I don't have to worry about knocking it over with my arm," change more children's behavior than commands, threats, and shouts. So many adults try to teach manners and politeness in the most rude and unmannerly fashion! It's a small wonder that the children imitate the actions rather than the words. Actions do speak louder than words!

In a day care center the emphasis is sometimes on the efficient way of feeding children rather than the social pleasures of children and adults sharing a meal together. Mealtime provides a pleasant opportunity for a caregiver and a baby to have a special time together, while toddlers are ready for the group experience of sitting at a small table with three or four friends and a caregiver. Once the initial hunger pangs are appeased, two-year-olds can pass food, pour milk from small pitchers, talk with their neighbors, and enjoy one of the best opportunities for language development that arises during their busy day.

The goal of the early years is to let children develop an enjoyment of food and mealtime. Hopefully they will learn to like a great variety of foods, and will look forward to mealtime as a time of relaxation, sharing, and fellowship. Keep in mind, too, that they are beginners. They still just have learners' permits and won't be able to eat like big, polite grownups for quite some time. The attitude a child will have as an adult toward eating is being developed now.

Chapter 12

Nap Time

Babies

In a day care program for babies, sleeping should be handled in somewhat the same way as eating, that is, with a modified demand approach. Also, like feeding, napping can be handled best when the caregiver knows the baby's schedule and is alert to his or her cues. Handling sleeping is different from feeding in some ways; however, a hungry baby who is crying rarely becomes more upset when a favorite food is offered, but a fussy, sleepy baby often becomes fussier if put in a crib for a nap. Some babies sleep regularly and go to sleep easily; others resist sleep from a very early age. Sometimes knowing that the baby needs a nap determines what the caregiver does rather than whether the baby acts as though he or she wants a nap when put in the crib. Most young babies take a morning and an afternoon nap. This varies from day to day and with individual babies; however, and many babies stop the morning nap before the end of the first year. An older baby, over six months, should not be put down until showing signs of being tired or sleepy.

The variability in babies' schedules and needs for sleep and rest makes it inadvisable to have a rigidly set naptime period. There are large differences, even among babies of the same age, in how much sleep they need and when they choose to take naps. These differences should be respected. Individualizing care means that caregivers respond individually

to each baby's needs. It is possible to eventually get babies to sleep or at least stay quietly in their cribs for a set time each day. Caring for a child according to a preconceived schedule, however, instead of responding to his or her cues undermines the child's growing awareness that he or she can indicate needs, have them responded to and have an effect on the world.

If an infant program is housed entirely in one room, that is, if babies nap in the room where they spend their waking time, caregivers may find it useful to try to get the babies on the same napping schedule, so that activity in the room will not be distracting to babies resting or sleeping. Also, it is likely that babies in a program will tend to fall into similar sleep patterns. Further, having groups of babies on somewhat similar schedules increases the opportunity for taking them outside or on excursions, because even one baby sleeping means that a caregiver must be nearby. It is possible, however, for babies to nap outdoors in carriages, playpens or portable cribs. Some kind of reasonable compromise between completely individualized schedules and a predetermined naptime for everyone can be worked out in each program. Time away from the babies is very important for caregivers, but breaks should be programmed at times other than just when babies are napping. Also, caregivers say that times when only a few of the babies are awake offer chances to play and interact and for unique quiet times.

A goal in a group program should be to help babies go to sleep with little help from the caregiver, because a caregiver for three or four babies cannot always help every baby go to sleep. A long pre-nap ritual, for instance, holding and walking with a baby for 30 minutes, is not always

possible in a group program. Too, babies differ widely in how they prefer to be handled at nap time. Some babies, especially very active ones, need a wind-down period of quiet play before relaxing and going to sleep. This may mean being placed in a playpen to play quietly, being rocked on a caregiver's lap or perhaps getting a bottle of juice or reading a book together. The baby may still be awake when put in the crib, but the quiet time has been a transition between active play and sleep.

Knowing when to begin getting a baby ready to sleep involves a certain amount of second-guessing to choose the best period before the baby becomes fussy but not before he or she is finished playing. Cues that a baby is sleepy may include rubbing eyes, showing disinterest in play, clinging to an adult, thumb sucking, putting the head down, getting clumsy, slowing of activity, becoming easily frustrated or becoming fussy for no apparent reason.

Just as with eating, the home situation may affect the sleeping routine in the nursery. Tension or excitement in the home or nursery or getting a new tooth may make it more difficult for a baby to relax and sleep. On the other hand, vigorous physical activity, an oncoming illness or a period of rapid growth may result in increased napping. A baby who is upset for any reason should not be put in a crib for a nap until consoled and comforted. Putting a baby in a crib while upset will only compound the upset. Also, most babies cannot go to sleep easily if they are hungry or have a soiled diaper.

Caregivers should learn not to view naptime as a battle pitting caregiver against baby. The caregiver should not feel that she has lost if she fails to get a baby to sleep. Caregivers should respond gently and calmly to each baby's needs at naptime, taking time to adjust the nap time routine to each baby.

Some babies cry vigorously when put down for a nap. Babies differ in their ability to quiet themselves after this kind of upset. Consistent, predictable handling and allowing the baby to work things out, with appropriate support, will help to develop the baby's ability to put himself or herself to sleep. There is no set rule about how long a baby should be allowed to cry before being taken up again. Again, knowing the baby makes the difference. A caregiver who knows the baby can tell when he or she is past the point of self-quieting. Often it is more difficult to let a baby cry than to pick him or her up, especially other babies are sleeping in the room. A consistent pattern of waiting to put the baby down until he or she is really tired and then letting the baby work things out alone can sometimes help a baby to learn to accept nap time instead of fighting it. Younger babies may need more help than older ones in getting to sleep.

Each baby should have a particular crib where he or she sleeps each day. The cribs of babies with similar sleeping schedules should be arranged together; if a large number of babies are napping simultaneously, a caregiver should be assigned to the sleeping room. Otherwise a caregiver should come in periodically to check on the sleeping babies.

Sometimes, a baby who will not sleep will rest quietly if there are a few toys in the crib. Some babies like to have something to hold, a blanket, for instance, when going to sleep; others like the soft sound of a music box or want their pacifiers; still others like going to sleep in their cribs with a bottle of juice or milk. Sleeping time for very young babies varies from 30 to 90 minutes in the morning. A very young baby may nap again soon after eating. As babies get older, around six months, morning naps becomes shorter and may eventually stop. Most babies continue an afternoon nap long after the morning one has stopped.

Babies should be removed from their cribs as soon as possible after waking from a nap. Leaving them there only makes nap time unpleasant and leads to resistance. If a baby must stay in the same room with babies still napping, encourage him or her to play quietly. Nap time should be followed closely by a diaper change. Some babies wake up slowly and need a gradual reintroduction to the brightness and activity of the playroom. If they are brought in immediately after a nap and put down they become upset. A better plan is for the caregiver to gently pick the baby up, talk softly, walk around in the sleep room for a short time and then bring the baby back to the playroom.

Basing nap time routines on the needs and styles of each baby, expecting variations between babies from day to day, means napping will become a natural, even pleasant activity, not an arena of confrontation.

Nap Time for Toddlers

Most toddlers adjust well to one long nap scheduled immediately after lunch. While most will not object if put into a crib, toddlers can sleep on day care center cots that can be moved out of the way and stacked when not in use. After a diaper change or trip to the potty, toddlers brush their teeth and wash the last vestiges of lunch from their hands and faces. This can be a leisurely sociable time with plenty of time to dabble hands in the sink or to chew on a toothbrush. Gradually staff tuck children into their cots, being sure to give each child some individual attention. Sometimes this is a good time for children to look at books as they settle down, or perhaps it is an appropriate time for a record. When everyone is established, staff members move quietly around the room

sitting on the floor by cots to rub backs, cuddle, pat or perhaps to sing lullabies. Sometimes a child who is having a hard time needs to be rocked to sleep. Caregivers will notice a variety of styles with which toddlers approach sleep. Some children seem to plunge into deep unmoving slumber almost as soon as they lie down, others may lie on their backs playing with their toes and talking to themselves, several will take bottles or pacifiers to bed and many suck their thumbs. Children's approaches to sleep are as individual as the ways in which they undertake any activity, and here, as in other areas, uniqueness is to be nurtured.

Some children may never fall asleep, instead enjoying a quiet time on their cots. If resting is not pleasant for them, they should be allowed to leave their cots after 20-30 minutes to play quietly in another area. Occasionally we see children awake and unhappy but forced to remain on their cots for one to two hours, usually to allow staff a period of time which they need plan no program. If a child is awake and happy on his cot the caregiver need not force him or her to leave it; if the child seems to need them, the caregiver should provide books, puzzles and quiet toys after an initial period without them.

Every attempt should be made to ensure that naps, like all the other parts of the program, are relaxed, happy times and remain a routine that is flexible enough to respond to needs of individual children.

Chapter 13

Diapering and Toilet Training

Diapering

Diapering is an important routine caregiving activity that, properly handled, contributes to the health and comfort of the babies. It can be a part of the total good experience for the baby, or it can be a quickly finished, thoughtless task. As with other routine activities, diapering can be a time for the baby to be talked to and smiled at while getting a dry diaper. The caregiver should be aware of how she is handling the baby at this time, whether her style is abrupt and rough or pleasant and gentle. As the babies get older, diapering quickly does become important, because babies do not want to take time out from other activities for a diaper change.

Much pleasurable, constructive play takes place in the context of routines. For example, when a caregiver is changing the diaper of a responsive six-month-old baby the following experiences might happen:

Motor activity -- kicking vigorously when the caregiver removes confining clothes.

Cognitive activity -- the caregiver's face disappears behind the diaper and reappears.

Language activity -- caregiver and baby talk, coo, and laugh together.

Social activity -- caregiver talks to baby, laughs, touches the baby gently, responds to his or her smiles and babbles.

Sensory experience -- the feel of being free of clothes, the soft fresh dry feeling when a new diaper replaces the cold wet one.

Most importantly, the gentle touch of the caregiver and having a need met without undue delay increases the baby's trust in people. The program is not something that happens only between diapering and feeding, but rather during them, as well.

Diapering should be done in a single place in the room, on a diapering table or in a crib that can be kept very clean. A crib is a good place for changing older babies who are typically squirmy. No baby should ever be left unattended, even for a second, no matter how young a baby is or how certain the caregiver is that he or she cannot roll off the changing table. For this reason, it is best to begin diapering a baby only when there is another caregiver in the room, so that diapering can be completed quickly and without interruption. There should be a supply of diapers, pins, lotion and wet wash cloths easily within reach of the caregiver and out of reach of the baby. Babies will undoubtedly need a change upon arrival at the nursery. Send a disposable diaper home with the baby to wear to the center the next day. Most centers find it convenient to use disposable diapers, but remember that some babies are allergic to them.

Babies should be checked for wet diapers at least every hour, before taking a nap and when they awaken from a nap. Babies with a diaper rash should be checked even more frequently. They should be cleaned after each change, and any diaper rash should be treated with an appropriate lotion or salve. Caregivers must wash their hands after each diapering. They should remind each other of this, because it is easy to overlook when several babies need diapering at once.

Some babies mind much less than others wearing a wet or soiled diaper, but that is no reason to allow a baby to have one any longer than necessary. Caregivers should remember to note changes in bowel movements which might have implications about what the baby eats or how he or she feels. Caregivers should be alert to symptoms of diarrhea, take precautions to prevent its spreading to other children and keep parents informed of symptoms of possible illness.

Toddlers - Toilet Training

Many children gain sufficient control over their bodies between the ages of 18 months and 2 1/2 years to become toilet-trained; usually, bowel control is accomplished first. Some children, especially those whose parents work very hard to help them give up diapers, become trained before the age of 18 months. But many toddlers, in spite of the most determined efforts of all the adults in their lives, show little or no inclination to use potties or toilets until they are three or older. In our society children are expected to be toilet-trained before they enter public school; children who are still in diapers when the time comes for kindergarten entrance may require special medical or psychological help. Parents should decide when to begin the process of toilet training, hopefully as a result of signs of interest from the child. The responsibility of the day care staff is to cooperate with parents and child, to report clues from the child that either he or she is ready and the parents may not have noticed, or that the child is distressed, tense, or somehow upset by efforts to encourage toilet use. At no time should the staff begin toilet training without conferring with the parents and ascertaining that clues are coming from the child.

Occasionally children who were on the verge of giving up a security object or were almost toilet trained regress when they first attend a new center. Adults will need endless patience and endurance in helping children work through the slow and difficult processes involved in growth. They will need to remind themselves that growth comes from within, cannot be forced and depends, at least in part, on the child's self-perception as a person capable of learning. This perception may, in turn, be influenced by the child's relationship with his or her parents and the feelings they communicate about their confidence in the child. Toilet training may be an issue of particular importance in a program for toddlers. Parents' attitudes vary widely about early or late training as well as in the practices they use in helping their children gain control of physiological functions. Some parents welcome calm common sense suggestions from center staff, particularly if they are parents for the first time or are encountering a strong resistance from their child in any matters related to toileting.

Be sure a variety of toileting arrangements are available so that children can select the one that is most comfortable for them. Some children use small potties on the floor, some use potty chairs, while still others use the large toilet from the beginning. A practical hint for toddlers who attempt to use the large toilet is to have them straddle it, facing backward. This position allows them to get on and off without adult help, eliminates fear of falling backwards (and into the toilet) and allows them to observe the fascinating processes of their own body. The slight disadvantage of having to take pants completely off is compensated for by the fact that the usual, facing front, position often results in wet pants because the child failed to pull them down far enough or attempted to get up too quickly.

Toddlers do learn from each other and often a staff may find that a child who is just beginning to catch on will demand to "go potty" over and over again sometimes seeming puzzled and disappointed by the fact that nothing appears in the potty. Then, the same child will wet or soil his or her diaper or pants as soon as he or she feels familiar sensations of panties or diapers. Scolding or punishment should not be part of toilet training, neither should elaborate praise or reward. When children do manage to use the toilet they should, of course, receive an enthusiastic "You did it!" kind of comment from an adult, but group celebrations and general applause are not necessary. Most children want to grow up and will become toilet trained unless the whole issue becomes laden with emotion -- a way of proving to adults exactly who is in control.

Chapter 14

Health and Safety

The Health Component of a Child Development Program

. . . . but I do not mean to ignore the bodily ills of these children; the hunger and the chronic malnutrition that they learn to accept as unavoidable; the diseases that one by one crop up as the first ten years of life go by; diseases that go undiagnosed and untreated; diseases of the skin and the muscles and the bones and the vital organs; vitamin deficiency diseases and mineral deficiency diseases; and untreated congenital diseases and infectious diseases and parasitic diseases, and in the words of one migrant mother, "all the sicknesses that ever was." She goes on: "I believe our children get them, the sicknesses, and there isn't anything for us to do but pray, because I've never seen a doctor in my life, except once, when he delivered my oldest girl; the rest, they were just born, yes sir, and I was lucky to have my sister near me, and that's the way, you know." She has some idea about other things, too. She thinks her children are living in hell, literally that . . . .[1]

"But What Do I Do?"

"My children, they suffer. I know. They hurts and I can't stop it. I just have to pray that they'll stay alive, somehow. They gets the colic and I don't know what to do. . . . . ."[2]

As they begin to understand the enormous complexities of migrant life styles and some of the tragic consequences, some day care center directors feel overwhelmed by the questions of health and safety for the children; they are at a loss to know where to begin. But, particularly when discovered early enough, conditions of ill health and malnutrition in infants and toddlers can be improved, although never without the understanding and support of the parents. It is the parents who will bear the

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[1] Coles, Robert. Uprooted Children, Harper 1971. p. 109.

[2] Coles, Robert. Uprooted Children, New York: Harper & Row, 1970, p. 9.

continued responsibility for maintaining the child's health. Though it may be better to give a toddler a well-balanced diet for two months of the year than for the child never to receive it at all, the day care center must make every effort to help parents find ways to provide adequate nourishment when the child is not at the center. Time is against us; health and nutrition education is a slow process, and the very nature of a migrant program means that there is never sufficient time for what we want to do. It is, however, imperative that we make a start by establishing the center as a model in which parents can observe their child's response to good health procedures.

1) Physical facilities -- The classrooms, halls and bathrooms will require thorough daily cleaning. Table tops, sinks and toilets and potty chairs should be washed with disinfectant (check with Public Health offices or with Cooperative Extension for suggested procedures and brands). Diaper pails should have tight-fitting lids and contain disposable liners which are changed each day. Soiled diapers should be wrapped securely in individual plastic bags.

2) Personal hygiene -- Adults should wash their hands after assisting children in the bathroom, changing diapers and before meals. Children who observe good habits in adults will imitate these habits. Children should always wash their hands after toileting and before meals. Each child should have his or her own clearly marked washcloth and towel (if paper towels are not available) and his or her own toothbrush. Toothbrushes should be properly stored (ask local dentist for advice) and toddlers should brush teeth after every meal.

3) Personal health -- Caregivers must be in good health and have medical checkups to ensure this.

4) Sleeping Arrangements -- It is important to provide comfortable rest and sleep on a clean cot in a place that the child comes to recognize as his or her own. Each cot should be clearly marked with the child's name and covered with a sheet. Rubber sheets will be needed, as well, for some children. Cots should be well scrubbed periodically and sun dried (Do not remove canvas covers from aluminum cot frames, they shrink). It is difficult to sanitize cots and special attention needs to be given to this task. Light blankets will be welcomed by most children. Two feet of space must be left between each cot. Children do not require dark rooms for sleep, in fact, many are frightened in centers where staff members insist on drawing heavy curtains or shades.

5) First aid and emergencies -- Specific arrangements for first aid and emergency care, including notification of parents, should be planned before the center opens. Whenever possible, a nurse should administer first aid or medication if prescribed by a physician. First aid supplies will be provided by the central warehouse and money will be available to purchase additional supplies. These should be kept in a central location out of reach of children. Care of impetigo may be a particular problem and staff should work out appropriate procedures in consultation with their medical advisors.

The policy on care of sick children, or children with infectious conditions needs careful consideration. It should be clearly posted in the center and explained to parents before children are admitted. Traditional practice suggests that children who are infectious in any way

require 1) isolation to avoid contaminating others, or, 2) exclusion from the center, that is, parents required to care for child at home.

To require the second alternative may mean that a parent is required to give up work to care for a child in a camp which may be unheated, unsanitary, overcrowded and without hot water. Whenever possible, mildly ill children (with colds, impetigo, for example) should be cared for at the center. Ideally, sick children should be isolated and cared for by a staff member who is not in contact with other children. This is rarely possible. Occasionally we have been asked if it would be all right to isolate healthy children when they are the smallest group in the center. Severe colds, impetigo, ringworm and intestinal upsets are often found in migrant children. Advisory committees should consider the problem carefully and, if the decision is reached to include all but severely ill children, health procedures and precautions should be established well ahead of opening date. Clearly, if sick children can be isolated from the center and adequately cared for this is probably best. If, however, removal from the center places the child or his parent in jeopardy of any sort, every effort should be made to find a satisfactory alternative.

Finally, remember that young children who are sick or hurt, facing an unfamiliar, and to them, threatening (doctor in a white coat, for example) situation, need extra support and loving attention from <u>familiar</u> caregivers. In large centers the nurse, a comparative stranger, sometimes cares for sick children in the unfamiliar surroundings of the office or health room. Often, the nurse takes children, one by one, for immunizations or physical examinations. In terms of efficiency this may well be an appropriate role for the nurse. But, we suggest that such practices

may be detrimental to the psychological health of children and may be particularly damaging to the migrant child. This experience may reinforce the migrant child's belief that it is unsafe to become deeply attached to any other human being because in every life experience he or she is powerless to maintain sustained contact with the person or people most loved. The sense of being out of control and subject to forces regarding you as an unimportant human being appears to be one of the most devastating effects of poverty. If the goal of a child development program is to nurture self-esteem in each child, practices in every component of that program must seek to increase feelings of competence and self worth in every member of the migrant family.

Migrant Student Record Transfer System

Donna M. Griffith, Trainer
M.S.R.T.S. for New York State

Effective health care for migrant children can be facilitated by the National Migrant Student Record Transfer System.

Migrant Child Care Centers are required to enroll all migrant children in this system. This computerized system is centered in Little Rock, Arkansas and ties, via teletype machines, to migrant terminals in all states.

Its purpose is to provide a health and academic profile for children of migratory families; the lack of such records has contributed to neglect in both areas. The emphasis of this system is on continuity of proper care, both academic and health, for each migrant child. Such a profile should contain usable information, that is, data that are timely, accurate and complete. The computer stores all data received; this information then appears on a printout form returned to each enrolling project.

Two record forms are provided. One is the uniform Migrant Student Record showing student identifying data and is largely used for academic information such as testing, special programs and special interests. The second is a medical form that provides a treatment record for health problems, relevant diagnostic information and the name and address of a further medical contact. In addition, results are shown for innoculations, diseases and screenings.

Directors should enroll migrant children on the day they arrive at the center. Thus, any available information will be at the center within three or four days, and the staff will be alerted to specific needs of each child.

Directors or staff members are encouraged to call, collect, to the Migrant Terminal serving their region for any help they need. Listed below are the Terminals for each region:

Western New York State

Rita Lowe, Terminal Operator
Orleans-Niagara BOCES
Medina, New York
716: 798-4389

Central New York State

Pat Cormier, Terminal Operator
Wayne Educational Center
Williamson, New York
315: 589-9180

Eastern New York State

Chris Rowe, Terminal Operator
Ulster Co. BOCES
New Paltz, New York
914: 255-1405

Routines to Ensure Good Health

There are many practices which, if they become an integral part of the routine, will establish a healthy setting for children and adults. Some recommendations are:

1. Daily thorough cleaning of the floor, especially the feeding area.
2. Daily (or more frequent) cleaning of most frequently used equipment -- infant seats, feeding tables, diapering table, etc.

3. Daily washing of toys and play equipment.
4. Using a washable blanket on the floor under younger babies who are likely to spit up (and washing it frequently).
5. Changing diapers frequently.
6. Carefully cleaning the child during diaper changes or after toileting and using a good skin care technique to prevent diaper rashes.
7. Caregivers washing hands after each diapering; toddlers washing hands after toileting.
8. Sterilizing bottles for young babies and carefully washing eating utensils.
9. Keeping bottles out of the refrigerator for no more than 30 or 40 minutes.
10. Washing children's hands when self-feeding begins.
11. Changing clothes if they become wet or soiled during the day.
12. Changing each child's bed linens at least once a week or more frequently if they become soiled.
13. Tooth brushing by toddlers after every meal.

Safety

The day care setting should be child proof. It should be a place without excessive prohibitions, where the child is free to explore and where caregivers are not constantly concerned about potentially dangerous situations.

Such a child-safe setting can be provided if caregivers set up the room and carry out the day's activities with the assumption that all children can do a lot more than one might expect on the basis of their age. A caregiver should never feel certain, for example, that a three- or four-month-old cannot roll over or wriggle off a surface; that an eight-month-old would not try to pull up to standing by a wobbly table; that an eighteen-month-old would not be interested in stretching to reach a drinking glass sitting on a table.

Many safety concerns are with the physical arrangements and facilities:

1. There should be no exposed electrical cords to be pulled on, tripped over or chewed.
2. Electrical outlets the children can reach must be covered or concealed behind furniture.
3. There should be no slippery throw rugs in the room, caregivers and walking children should wear non-skid shoes.
4. Highly flammable fabrics and fiber glass should not be used.
5. The room should be planned for easy exit in case of fire or other emergencies; practice fire drills for moving all the children outside will make the job easier in a real emergency; equip the room with fire extinguishers and a fire blanket.
6. Windows and mirrors should be protected.
7. Radiators must be covered.
8. Remove any house plant whose leaves, stalk or fruit are poisonous.
9. Remove unstable furniture, shelves, for instance, that a child might tip over.
10. Crib mattresses should be lowered long before it seems likely that a baby could jump or fall over the sides of the crib.
11. Adults should not smoke around children.

In even the safest physical setting, the welfare of the children depends primarily on the attentiveness of conscientious caregivers. The following list of responsibilities should become a natural part of the caregiver's role:

1. Pick up small toys which might trip adults or children.
2. Keep supplies, such as medicine, cleaning materials and plastic bags in a place that is absolutely inaccessible to children. Do not leave these supplies out for even a short time.
3. Check toys and equipment often for loose pieces, swallowable parts, sharp edges or breakability.
4. Be aware of toys that are designated for use only when a caregiver is attending the children -- for example, a long string of rope, a drumstick or long wooden spoon for pounding, aluminum foil to crinkle or climbing equipment.
5. Be sure hands are dry when handling an undressed child.
6. Young babies should be held in a sitting position (or near sitting) while eating or getting a bottle.
7. Keep young children's nails trimmed.
8. Do not put objects, cups of hot coffee, for instance, near the edge of a desk or table or on a towel or diaper hanging off the edge.
9. Use only plastic bottles when babies begin holding their bottles.
10. Keep informed about proper first aid practices.
11. Keep immediately on hand a list of emergency telephone numbers and the numbers for the parents of each child and his or her pediatrician.

12. Use infant seats only for very young babies who cannot tip them over.
13. Place heavier toys on lower toy shelves. If the children have to reach up for them, they are apt to pull them down on themselves.
14. Know what the children are doing and help them stay out of dangerous situations when courage exceeds skills -- climbing into chairs or standing on furniture, for example.
15. Watch children who may, in exploring, hurt another person; protect non-mobile babies.
16. Use rocking chairs cautiously when crawlers are moving around.

No setting or program is truly child-proof; the well-being of the children is dependent on the alertness and attentiveness of well-trained staff operating in a setting where hazards are at a minimum.

Referral to Other Services

The needs of migrant families are many-faceted; not all of them can be met by the day care program. In working with families and children, however, staff members in the day care center are going to find out about these needs and problems. Caregivers and program directors are not social workers, nor should they try to be. But, staff members should be aware of community agencies that can meet these other needs.

Each year the New York State Interdepartmental Committee on Migrant Labor issues an annual report and directory of all services available to seasonal agricultural workers in the state. This directory includes information relevant to working conditions, living quarters, health and

child care, education, sanitary facilities and other matters of importance. We strongly suggest that every center director obtain a free copy by writing to:

New York State Division of Human Rights
65 Broad Street
Rochester, New York 14603
Telephone: 716-325-2367

It is recommended that each center have available for migrant families a pamphlet listing local agencies currently serving migrants.

In case of an emergency, the State Division for Human Rights maintains a Migrant Alert System. For this service phone 716-325-2367.

Chapter 15

Transportation[1]

Transporting the migrant child from the camp to the center is a part of the day care program which is often treated too casually. Whether children are transported by bus or by car, toddlers are often sitting unrestrained or in an old, inadequate car seat. Infants often lie in plastic infant seats, not intended for use in cars or buses, or in car beds, cardboard boxes or on the lap of an adult. While the child is being taken from home to the center and returned, he or she is in more danger than at any other time during the program. Careful consideration of the problems of transporting infants and toddlers can reduce the risks involved.

Organizing a safe transportation system includes selecting vehicles and restraint systems, hiring drivers and aides and training them to ensure the children's safety. A program on a limited budget may have few choices. Centers may not be able to buy a new bus, but might have a choice between purchasing a new piece of play equipment or acquiring a safe restraint system. An old rocking horse will give a child just as much pleasure as a new one; an old car seat replaced by a safe one could save a child's life.

The first aspect to consider is the choice of a vehicle. In general, a properly maintained bus will probably be safer than a car. But not all busses are alike. If the choice is among several used busses, look for high seat backs, padded seats, seat belts and arm rests on the aisle side of the seats. Of course, the bus should be inspected for mechanical defects; it must comply with New York State's Department of Transportation Law 720 or 721 that sets minimum specifications for school busses.

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[1] This chapter was researched and written by Kathy Sharpe.

Although school busses are considered safer than the average passenger car, they do not fare very well in major crashes. This is primarily due to weak seat-to-floor connections, inadequate roof support, and construction techniques which tend to allow sections of the bus to pull apart under stress.

Perhaps the most familiar problem is that of the sections of the bus pulling apart. The outside of the average school bus is often composed of as many as 30 separate panels riveted together. In a severe crash these tend to pull apart leaving jagged edges intruding into the passenger compartment.

The Wayne Corporation, along with a number of others, has solved this problem, in their "Lifeguard bus" by using a totally new method of construction. The Wayne busses have only five exterior panels running the entire length of the vehicle. This greatly reduces the impact vulnerability of the bus. The "Lifeguard" bus has been designed with many more safety features than one commonly finds in school busses. If a center has the option of purchasing a new bus the "Lifeguard" or a similarly designed bus should definitely be given first consideration.

Once a vehicle has been selected, consider the type of restraining devices to be used. Safety factors inherent in a bus because of its size and energy-absorbing mass tend to be reduced in significance in a panic stop, sudden swerve, or fender bender type accident. In these situations, crowded seating conditions and hard projecting surfaces create safety problems unique to the bus. Immobilization of the cild is the primary concern of all the safety restraint systems discussed here. Immobilization is especially important for infants, toddlers and handicapped children who cannot provide sufficient self-support in the event of an accident.

Lap belts should be installed if they were not part of the original equipment in the car or bus. All adequate restraints for infants and toddlers require a lap belt for proper installation. One of the safest restraomts for infants up to twenty pounds is the General Motors Infant Seat. These must be properly installed, facing the rear and secured by a lap belt. Other restraints tested by Consumer's Union were found to give inadequate protection.

Holding an infant on an adult's lap, even when the adult is wearing a lap belt, is unsufficient protection. In a head-on crash at 10 miles an hour, the restraining force needed to hold a newborn infant is equivalent to lifting 200 pounds. At 30 mph the peak weight can reach 600 pounds in three milliseconds.[1]

For children who can sit by themselves and who weigh twenty to forty pounds, GM makes the "Love Seat". This was found by Consumer's Union to give the best protection in crash tests. It was the only restraint to give any side crash protection. Unfortunately this seat has several drawbacks. First, it requires installation of a special belt to secure the top of the seat. Without this belt the seat does not offer enough protection to make it worth the rather high cost (about $30). It is also inconvenient to use, requiring the adjustment of a harness and the lap belt. Again, unless it is used conscientiously it is not worth the expense.

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[1] "Restraint Systems for the Prevention of Injury to Children in Automobile Accidents" by Robert G. Scherz, M.D. presented at the Hearings before the Subcommittee on Commerce and Finance of the House of Representatives considering ammendments to the National Traffic and Motor Vehicle Safety Act of 1966.

Consumer Reports also found the Bobby MacBaby Chair 4810 acceptable, although it cannot be recommended for an infant and toddler program using busses not equipped with high seat backs. The Bobby MacBaby seat has only a low back and the normal bus seat will not give proper head support for children more than 30 inches tall.

The Ford Tot Guard will accommodate children up to 50 pounds and is easy to use. It has no back of its own, however, and relies on the vehicle seat for support. It will be adequate in most automobiles but only busses with high seat backs can accommodate the Tot Guard. The major problem with the Tot Guard is that an active child can climb out of it.

A multitude of other restraints are available, none of which will prevent injuries in even a 30 mph crash. But any restraint is better than none at all, because it gives some minimal protection in a sudden stop, swerve or skid.

If only lap belts are available, a firm cushion or block of plastic foam can be placed under the child. This allows the belt to be positioned across the thighs rather than the abdomen;[1] it works especially well with larger toddlers.

The importance of using some type of restraint with small children cannot be overemphasized. Even a sudden stop could cause a small child to be thrown from the seat and injured, especially on an older bus lacking protective padding. Any restraint is better than none.

The state of the art of school bus safety technology is not very impressive. It is apparent that the only sure way to avoid death or injury

[1] Newsletter to Parents, Department of Pediatrics, Madigan General Hospital, Nov. & Dec. 1972.

is to avoid accidents in the first place. The choices available to a program in this regard revolve around the selection and training of drivers.

Depending on the size of the vehicle, the driver may need a chauffeur's license. When this is not necessary (vehicles under 16 person capacity) hiring a driver is often a casual thing. As much care should be taken in choosing a driver as in choosing any staff member who is responsible for the children. More than any other person, the driver is literally responsible for the lives of the children.

The driver should have a knowledge of safe driving practices and an appreciation of the responsibilities of the job. BOCES or local school districts may offer special courses for school bus drivers. All drivers should be encouraged to attend these.

No matter how small or large the driving staff may be, all regular drivers and alternates should participate in an ongoing safety program. Obviously, such a program should stress avoiding dangerous situations.

On the other hand, drivers and aides should be prepared for an accident. Some types of emergency evacuation plan should be designed and practiced. If a bus is used, any staff member who rides the bus as a regular aide or substitute should know the location of the emergency exits and how to open them.

First aid should also be stressed. A vehicle transporting migrant children may often be traveling in very sparsely populated rural areas. In the event of an accident, a doctor or ambulance may be miles away. First aid training for drivers and aides could mean the difference between life and death for a child.

The driver's only job, while in the vehicle, should be driving. No matter how good, a driver cannot possibly give maximum attention to driving unless the vehicle's environment allows it. Equipment that does not work, children leaving their seats, and excessive noise all make claims on the driver's attention. An aide or aides should ride the bus to help children on and off and to see to their needs while enroute. This should never be the responsibility of the driver of a vehicle in which more than two or three children are transported.

The obvious daily problems of operating a day care center vie for precedence over the apparently minor problems of the transportation system. Somehow there never seems to be enough time or money to install seat belts, or to get the defroster repaired. It may seem more important to buy a new high chair or some child-size dishes for the lunch program. But without as safe a transportation system as can be provided, the children may not have the chance to benefit from the rest of the program. The "wait and see" attitude, often taken about transportation, is an invitation to disaster.

For More Information

about "Lifeguard" busses

Wayne Corporation
P. O. Box 1447
Industries Rd.
Richmond, Indiana 47374

about child restraint systems

Stop Risking your Child's Life (Pamphlet) 25¢
Physicians for Automotive Safety
50 Union Ave.
Irvington, N.J. 07111

What to Buy in Child Restraint Systems (Booklet) free
Consumer Product Information
Washington, D.C. 20407

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August 1972, pp. 484-489
February 1974, pp. 108-112

about First Aid Training

your local Red Cross office

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Films and Slides

"But What Do You Do With Them?"--slide series illustrating principles of good group care for infants taken at the Cornell Infant Nursery--Available from Cornell Film Library, Roberts Hall, Cornell University, Ithaca, N.Y. 14853.

"Day Care for a Kibbutz Toddler"
"Infant Development in the Kibbutz"
"Rearing Kibbutz Babies"

Although the conditions are very different from day care in this country, these three films depict very well what goes into a good experience for very young children. The films are available for rental at $35 each from Campus Film Distributors Corporation, 20 East 46th Street, New York, New York 10017.

"Hidden Treasure"--slide series aimed at informing parents about what to look for in selecting a day care program for their infant or toddler. Available from the Infant Care Project, University of North Carolina at Greensboro, Greensboro, N.C. 27412.

"How Babies Learn"--overview of development in first 12 months of life. Available from Cornell Film Library. Roberts Hall, Cornell University, Ithaca, N.Y. 14853.

"View from the Crib"--a brief, nicely done introduction to what babies need in the first year of life-- people, toys, talk, and play. Available by contacting Anne Willis. Dept. of Human Development and Family Studies, College of Human Ecology, Cornell University, Ithaca, N.Y. 14853.